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THE UNIVERSITY OF ALBERTA

AN INVESTIGATION OF THE RELATIONSHIP BETWEEN PERSONALITY TYPE AND RECONCILIATION WITH DEATH

by

CAROL CHANDLER

©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

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ABSTRACT

Research investigations have tended to define death attitude in negative terms using concepts such as anxiety, denial and concern rather positive terms such as acceptance. Within current psychological theory, a conceptual framework is required whereby cognitive and affective components of death acceptance can be explored. Reconciliation with death was identified as a dualistic model of death acceptance which emphasized an individual's ability to confront events in the environment and positively assimilate feelings about death and dying.

Little is known about the way in which the individual confronts death and subsequently integrates the wide range of thoughts and feelings which result from such experiences. Personality has been recognized as a potentially significant variable in this process, owing to its influence on the way in which an individual perceives and interacts with events in the environment.

The purpose of this study was to investigate the relationship between reconciliation with death and personality type within a selected sample of 87 first year nursing students. Reconciliation with death was measured by the Confrontation - Integration of Death Scale. Jungian personality type was identified using the Myers-Briggs Type Indicator.

Results from the study indicated that a predominance of ESFJ and ISFJ types were represented within the sample.

Contrary to previous research findings, individuals within these types displayed an average rather than low degree of reconciliation with death, and should be capable of working as efficient, effective health care professionals. However, the ENFJ and ENFP types displayed higher degrees of reconciliation with death and personality characteristics which might enable them to provide excellent medical care and a greater degree of emotional support for terminally ill patients. Significant differences existed between personality types in terms of ability to integrate thoughts and feelings about death and dying.

It was concluded that an investigation of personality type and reconciliation with death provides a promising avenue for further research in the study of death attitudes. Additional research is required investigating the relationship between personality type and reconciliation with death using a larger sample of health care professionals and an "on the ward" assessment of the subjects' behavior when dealing with terminally ill patients.

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I. INTRODUCTION TO THE STUDY

The present study was designed to investigate the relationship between personality type and death acceptance among student nurses. Specifically, the research sought to examine whether individuals who varied on a measure of personality type tended to differ in their ability to confront and integrate thoughts and feelings about death and dying.

A. Background to the Study

Lifton and Olson (1974) emphasize that thoughts and feelings with respect to life and death are painfully out of joint in our time. This is especially true in the nursing profession. As health care professionals in a death related profession, nurses confront life and death, living and dying on a day to day basis. Those who have come into contact with death in a physical or psychological fashion and have themselves remained alive have been described by Lifton et al (1974) as "survivors". As survivors, nurses must seek some form of integrity or connection which affirms life in the face of death. Having confronted dying there is a need to integrate thoughts and feelings, thereby achieving a certain reconciliation with death (Klug, 1976) and the ability to deal honestly and compassionately with terminally ill patients. Nurses who do not engage in this process run the risk of treating terminally ill patients as "walking dead". That is, the patient becomes peripheral to the

disease, and the routines and rituals of care serve as a means of alienating the nurse from the patient.

In criticizing this form of patient depersonalization, Ajemian (1979) emphasized that there is still a need for compassionate detachment among nursing personnel in order to avoid excessive demands upon energy, strength and resources. Working in this environment there is a need to achieve some measure of personal reconciliation with death in order to interact effectively with the dying patient and a need for compassionate detachment in order to avoid the phenomenon of "professional burn out"- a depressive syndrome characterized by anger, cynicism, and increased use of distancing mechanisms. In the face of these frequently conflicting demands, it is perhaps not surprising that researchers have found nurses tend to use avoidance behavior and the routines associated with patient care as a way of minimizing contact with terminally ill patients, and avoiding discussions of death (Schultz, 1978). In a revealing study by Kastenbaum and Aisenberg (1977) in which nurses were required to respond to a buzzer requesting assistance, 82% of the subjects took significantly longer to respond when the patient had been diagnosed as terminally ill. Similar reports of avoidance behavior with respect to terminally ill patients were noted by Glasser and Strauss (1965) and Shultz (1978). In addition, a study conducted by Pearlman, Stotsky, and Dominick (1969) found experienced nurses tended to be significantly higher in avoidance responses with respect to

terminally ill patients than inexperienced nurses.

Only in the last decade has the attitude of nursing personnel toward death been recognized as a potentially important variable in the care of dying patients (Denton and Wisenbaker, 1977). There is in essence nothing wrong with priorizing nursing time in an effort to maximize the expected fruitfulness of patient care. However, this approach tends to diminish the quality of life of terminally ill patients via reduction in nursing care when cure and recovery are no longer possible (Reck, 1977). The limited research available in this field relates to death fear and death anxiety in nurses rather than death acceptance. This research reflects a tendency for death experience to be associated with an increase in death anxiety (Lester, 1974; Gow, 1977) and a reduction in quality of care received by terminally ill patients (Denton et al, 1977). It emphasizes the traditional view of nurses reacting to thoughts and feelings of death and dying with fear and anxiety. A more positive view emphasizing a process by which nurses become more accepting of (reconciled with) death, has only recently come into vogue (Klug, 1976; Kurlychek, 1976). Feifel (1969) noted our culture's continuing attempts to shelve and repress the concept of death and suggested that if death could be looked at, thought about, and accepted as a necessity rather than an unfortunate accident, there would be less need to project fear of death onto others.

It is necessary for nurses and student nurses to

achieve some measure of personal death acceptance in order to deal in an open and approachable manner with patients who are seriously or terminally ill. The investigation of death acceptance as an alternate way of operationalizing the concept of death attitude has been hampered until recently by attitudes in schools of nursing which maintained that death is "sinister, unnatural, and never appropriate." (Hopping, 1977, p.443). It remains a complex area of study as there is a need to define operationally the concept of death acceptance so that it does not mask what may in some cases be a sophisticated form of cognitive denial. Kastenbaum (1977, p.87) has referred to this phenomenon as "denial by acceptance", a powerful and subtle form of death denial. He recommended the development of a framework whereby one could explore death acceptance in terms of both cognitive and affective components. Klug (1976) attempted this task and conceptualized a dualistic model of death acceptance denoted as reconciliation with death.

Within the model an individual's ability to perceive and confront events in his environment plays a central role in accepting death (Klug, 1976). In a subsequent review of the literature, it was shown that in Jungian personality theory (Jung, 1921) the individual is viewed as having a major role in determining how he perceives and interacts with events in his environment. As a result of this emphasis on individual differences in the way in which people perceive events and subsequently confront and integrate

thoughts and feelings, Jungian typology was selected as the theoretical model for assessing individual differences in death attitudes.

The need for research assessing the relationship between death attitudes and personality characteristics was further emphasized by Kalish (1970). Nightingale (1972) suggested that the accurate discrimination of personality type provides a more sophisticated measure of death attitude than simpler personality measures assessing only one or two personality variables.

B. Definition of the Problem

The study of death attitudes is a complex and confusing area of research. As many as fifty two variables have been investigated in relation to attitude towards death. Although personality characteristics are acknowledged to have a significant effect on the way in which individuals perceive or interact with the environment, research has only recently begun to investigate the relationship between personality and death attitude in health care professionals. Since investigators have been unable to identify a typical health care personality, a promising avenue of research would seem to lie in the investigation of death attitudes using a theoretical construct allowing for many types of health care personalities.

A review of the literature indicated that reconciliation with death and personality type are

multidimensional constructs which have been used in separate research studies investigating the relationship between death attitude and personality. However, there have been no studies describing the relationship between reconciliation with death and personality type. As a result, this study was designed to examine this gap in research: the relationship between personality type and reconciliation with death. Personality type was measured by the Myers-Briggs Type Indicator. Reconciliation with death was measured by the Confrontation-Integration of Death Scale.

II. REVIEW OF RELATED LITERATURE

The following review of literature is divided into five major sections. The first section provides a historical overview of the study of death attitudes. The second section deals with related theory and research and culminates in a discussion of death acceptance and reconciliation with death. Sections three and four review Jungian personality theory and research which focus on the identification of personality types as a way of examining individual differences in death attitudes. The final section is an integration of theory and research relating to death attitudes, specifically reconciliation with death, and Jungian personality typology. The review of literature concludes with a statement of the purpose of the study.

A. Part I: Attitudes Toward Death

Historical Perspective

Traditionally, science has avoided research into areas relating to ultimate questions of life and death - life's meaning, purpose, and value; the implications of death and dying; and the nature of the interrelationship between life and death. These issues have been viewed as the domain of religion and philosophy. Philosophers such as Heidegger (1958) have looked at the need for meaning in life and death and asked such existential questions as "What does it mean to be?... Is not being the same as being nothing?". Heidegger maintains that "not being" exists as another

unfamiliar state. Lack of recognition of this state creates difficulty in accepting death. Heidegger sees disbelief in death as a distinctive characteristic in what he has termed "inauthentic existence". In "everyday existence" one knows death as a constantly occuring event but remains unaffected and does not even feel threatened. Heidegger acknowledges that a stubborn degree of death denial tends to pervade everyday existence. Death is a certainty, about which the individual is not certain at all (Choron, 1964).

In an effort to satisfy man's spiritual quest for meaning in both life and death, theologians have formulated a variety of concepts of life <u>after</u> death. Intrinsic in these formulations is the belief that man cannot accept death without assurance of some form of continuation of personal and/or spiritual existence.

Freud viewed man's difficulty in accepting the finality of death and the absolute physical destruction of the organism as a childish need for self delusion, thereby dismissing both the spiritual and philosophical formulations with respect to death attitude under the captions of "denial", "repression", and "instinctual drive". Within the realm of psychology however, Freud conceptualized death as a psychological event of major significance. He viewed human life as a consistent and ongoing struggle between energies directed at life preserving behavior and energies directed at returning an organism to an inanimate state. It was Freud's contention that the death instinct is present from

the beginning of life, and represents a psychologically significant event (Lifton, 1970, p. 71).

The concept of instinct, with its implication of blind, unchanging driving force was unacceptable to certain neo-Freudian psychologists such as Carl Jung. Jung acknowledged the potential knowledge a child has at birth, which is made concrete as a result of experience with the environment. This potential to know, or potential for knowledge is discussed by Jung in terms of images rather than instincts. Inner images were not viewed by Jung as fixed and unchanging. They responded to changes in age, experience, and life situation. Jung postulated the existence of certain universal psychic images, referred to as archetypes, which were believed to reside in the unconscious and represent important truths about the nature of the human mind. Since death represents the ultimate in biological disintegration and stasis, it was recognized by Jung that very powerful psychological forces exist in association with it. Jung believed that acceptance of death was dependent upon conscious thought being in harmony with the psychic images housed in the unconscious mind (Lifton, 1974, p. 73). Although disagreeing on the role of religion and mythology, the formulations of images and instincts, both Jung and Freud acknowledged that death and dying had exceedingly important implications for life and living.

Kastenbaum and Costa (1977) concluded that the major implications of the death perspectives and assumptions

posited by individuals such as Freud was to minimize the role of cognition, personality and social development in shaping an individual's attitude toward death. In recent years behavioral scientists and clinicians who have become associated with the death awareness movement have challenged these assumptions, positing questions amenable to straigtforward descriptive research. Studies have been designed to investigate:

1. The relative influence of maturational and socio-experiential factors in development of death cognitions.
2. The relationship between development of death cognition and such other concepts as futurity, object constancy and deductive reasoning.
3. The extent to which death is to be interpreted as a cognitive or an attitudinal affective component of personality.
4. The range of individual differences in death cognitions and implications ...for subsequent development and adaptation (Kastenbaum et al, 1977).

In relation to the above, this research study was most closely allied with the latter two approaches to the investigation of death attitudes. These orientations imply both cognitive and affective components to death attitude. However, research involving death fear, death denial and even death acceptance have seldom analyzed that perspective. Kastenbaum et al. (1977) called for closer attention to the problem of distinguishing cognitive from attitudinal-affective components in death orientations in order to avoid the type of conflict which occurs when one researcher labels a segment of behavior as an immature (or low level) cognitive grasp of death while another would label the behavior as emotional denial.

The current "state of the art" with respect to psychological perspective on death, and assumptions implicit in this study's design and evaluation may be most aptly summarized as follows (Kastenbaum et al., 1977):

> There is no one right way to think of death, nor is it valid to assume that we cannot grasp or accept death at all. The difficulties in grasping and differentiating between cognition and attitude in earlier studies appear to relate to a lack of research designs identifying and assessing affect as a separate and discrete component. What has in the past been considered a mature cognitive grasp of death might alternatively be interpreted as the culture's dominant attitudinal configuration reflecting both cognitive and affective components (p. 229)

With Freud's assertion that we cannot know and accept our own mortality being questioned, researchers are seeking to re-examine and define concepts which may be used in investigating attitudes toward death. A review of the literature indicated that diverse methodologies have been used in more recent studies. These include:

1. clinical case studies;
2. questionnaires;
3. naturalistic observation;
4. projective tests.

There is a noticeable lack of longitudinal and cross sectional research measures assessing overt behavior. Experimental and developmental research is limited. In addition, there are few studies using performance type measures assessing overt behavior. Therefore, the general contention that adults hold a death denying stance has not been well documented by direct research (Kastenbaum et al,

p. 233). Research does support the contention that significant individual differences do exist with respect to death (Weisman and Kastenbaum, 1968; Durlak, 1972). Attitude toward death appears to be complex, multilevel, and subject to situational influence, a process concept evolving and changing within each individual's life span.

B. Part II: Death Attitude Research

Death attitude research is a confusing and complex area. As many as fifty two factors have been investigated in relation to death attitude (Klug, 1976). In a critical review of methods employed in the assessment of attitudes towards death and dying, Kurlychek (1978) noted:

> Perhaps the main dilemma facing the investigator, following the formulation or research hypotheses and methodology, is how to effectively operationalize and measure an individual's attitude toward death and/or dying.(p.37)

Extensive reviews of death attitude research (Dumont and Foss, 1952;Choron, 1968; Kastenbaum and Costa, 1977; Kurlychek, 1978) indicate that attitude towards death has been operationalized in terms of (1) death fear (Sarnoff and Corwin, 1959; Collett and Lester, 1969; Durlak, 1972); (2) death anxiety (Templer 1970); (3) death concern (Dickstein, 1972); (4) death acceptance (Feifel, 1959; Dumont and Foss, 1972; McKissack, 1974; Paskow, 1974, 1975); and (5) reconciliation with death (Klug, 1976). A review of the research into these attitudes follows.

1. Death Fear

Sarnoff and Corwin (1959) designed one of the earliest instruments in the field of death and dying. They developed a brief five item scale (Sarnoff and Corwin Fear of Death Scale) which sought to examine the relationship between fear of death and castration anxiety. The research study was based on the premise that unconscious castration anxiety may be manifested in conscious fears of bodily injury, and in fear of death which represents the most extreme consequence of injury. Sarnoff and Corwin hypothesized that an individual who has suffered intense castration threats would have a greater fear of death than an individual who was less severely threatened. They predicted that individuals who have severe castration anxiety ought to show more fear of death after being exposed to sexually arousing stimuli than individuals whose castration anxiety is less intense. The hypothesis was confirmed in a study involving a sample of 56 male undergraduates. High castration anxiety subjects showed significantly greater increase in fear of death than low castration anxiety subjects after being exposed to sexually arousing stimuli.

Lester (1967) extended research into fear of death by developing a research instrument which would be more sensitive to inconsistencies in death attitude than the five item Sarnoff and Corwin Scale. Lester developed a twenty one item instrument based on a study of suicidal patients. Items were assigned weighted values to reflect different amounts

of death fear.

Lester and Collett (1969) reviewed the research investigating fear of death and concluded that items in previous fear of death scales related to a wide variety of themes such as fear of dying, fear of being dead, and aversion to funerals. A study was designed which attempted to distinguish between a fear of death and fear of the process of dying, and between fear of death relating to oneself and fear of death relating to others. A thirty eight statement questionnaire was developed with four subscales: fear of death of self; fear of death of others; fear of dying of self; and fear of dying of others. The questionnaire was administered to a sample of 56 female undergraduate university students. Analysis of the data showed low intercorrelations between the pairs in the four subscales and supported the need to differeniate between types of death fear rather than indiscriminantly grouping items into one scale and treating death fear as a single component concept as had been done in earlier research (Sarnoff and Corwin, 1959; Lester, 1967).

2. Death Anxiety

Using an alternate approach to the assessment of death attitudes Templer (1970) undertook the construction and validation of a death anxiety scale (DAS) in an effort to reflect a broader range of attitudes toward death than death fear (Nelson and Nelson, 1975). The fifteen item Templer Death anxiety scale was initially administered to a sample

of 42 psychiatric patients and seventy seven university students. It was found that psychiatric patients who spontaneously verbalized death anxiety concern have significantly higher DAS scores (p=.01) than other psychiatric patients. The DAS correlated significantly with other death fear and death anxiety measures.

Templer developed a death anxiety scale (DAS) in which special emphasis was placed on the assessment of reliability, validity, and response sets. However construction and design of the scale was based on two premises: (1) Death anxiety is a single measure which accurately reflects attitude toward death; (2) Death anxiety is an inverse measure of death acceptance. Both of these assumptions have been criticized by other researchers (Dickstein, 1972; Klug, 1976).

3. Death Concern

Dickstein (1972) questioned Templer's first assumption that death anxiety as a single measure adequately reflects an individual's attitude toward death. Dickstein (1972) felt that research instruments such as the DAS and the Sarnoff Corwin Fear of Death Scale were not an accurate reflection of attitude towards death since they failed to assess the degree to which an individual consciously confronts death and have focused only on the way a person evaluates death with fear or anxiety. Dickstein sought to operationalize the concept of death attitude in terms of death concern - a two fold concept describing the extent to which adults

consciously contemplate death and negatively evaluate it. Dickstein developed a thirty item death concern scale in order to measure individual differences in the degree to which people consciously confront death and are disturbed by its implications, and sought to clarify the relationship between death concern and death anxiety. The Dickstein Death Concern Scale was administered twice in a period of two weeks to a sample of one hundred fifty one female students in first year psychology. On the basis of mean scores three groups of twenty two students with high, middle and low death concern were selected and given an additional battery of personality tests. Death concern was found to be correlated significantly with a measure of externality (Rotters External-Internal Scale, 1966) and was also shown to exist as a concept which is distinct and separate from general anxiety.

4. Death Acceptance

Ray and Najam (1974) questioned the assumption of Templer (1970) that death anxiety and death fear provide an inverse measure of death acceptance. That is, the premise that death fear and death anxiety are complete opposites of death acceptance (high negative correlation assumed). In a close examination of both Sarnoff and Corwin Fear of Death Scale and the Templer Death Anxiety Scale, they identified a preponderance of death anxiety items. Those items remaining in both scales focused on denying the fear of death. There were no items identifying a positive attitude towards death.

Ray et al concluded that the scales offered little opportunity for sorting death deniers from death acceptors. There was no way of distingusihing between "deniers" (people who feel anxiety about death but cannot acknowledge it) and "acceptors" (people who have confronted death and achieved some form of reconciliation with death). Using the Templer Death Anxiety Scale (1970) or the Sarnoff Corwin Fear of Death Scale (1959) Ray et al emphasized that it would be possible to confuse highly maladaptive with highly adaptive individuals since responses are conceptualized solely in terms of admitting death fear and anxiety or denying death fear and anxiety.

In concluding their review of previous research about death attitudes Ray et al pointed out the limitations of using existing death fear and death anxiety scales as an inverse measure of death acceptance. Consequently they constructed a new questionaire which included a series of death acceptant items as well as items from the Templer Death Anxiety scale and the Sarnfoff and Corwin Fear of Death scale. The questionnaire was administered to a large class of two hundred and six first year sociology students. Although death fear and death anxiety questions correlated highly with one another ($r=+.612$, $p=.01$) they were found to have a low negative correlation with death acceptance ($r=-.263$ and $r=-.242$ respectively, $p=.01$). The results suggest that death anxiety and death fear questions appeared to measure the same construct. The findings also supported

the validity of death acceptance as a separate construct. Ray et al emphasized that assumptions by earlier researchers that death acceptance is the categorical opposite of death anxiety or death fear were inaccurate. Commenting further on this finding they state:

> People who accept death may still feel some anxiety about it. They appear to be simply people who can take a realistic view of death and even see positive aspects of it (p. 315)

In reviewing the research relating to death fear, death anxiety and death concern the findings and conclusions emphasized a need for further investigation of death acceptance. In summary, these findings are:

1. Death fear as a undimensional concept appeared to be too limited to adequately reflect attitude towards death.
2. Death anxiety, a concept designed to reflect a broader range of experiences, was assumed to be the opposite of death acceptance. However, factor analytic and correlational studies suggest the existence of a continuum, ranging from individuals who fear death and know it, to individuals who have "devoted some thought and effort to coming to terms with death and have in fact succeeded in accepting it without anxiety" (Ray et al, 1974, p. 311).
3. Death concern research provided strong support for a two component formulation of death attitude reflecting the way in which individuals think about death and evaluate its meaning..

4. Death fear, death anxiety and death concern research could not distinguish among individuals having a highly maladaptive response to death (deniers) and individuals who have confronted death and become reconciled to it (acceptors). Death acceptance was shown to be another viable way of conceptualizing and investigating attitude towards death.

As a result of the above findings, Klug (1976) concluded that death acceptance represented a promising new construct for exploring people's attitudes toward death. Consequently, Klug conducted a thorough review of the literature placing special emphasis on theoretical discussions proposing a two dimensional view of death acceptance as a process involving both cognitive and affective components. Special emphasis was placed on formulations of death acceptance posed by Feifel (1959), Dumont and Foss (1972), McKissack (1974), and Paskow (1974, 1975). These articles will be reviewed in the following section, because they lead to the development of Klug's construct of death acceptance (reconciliation with death) which has been used in this study.

(a) Feifel's conceptualization of death acceptance:

In moving beyond an examination of death attitudes by evaluating denial or anxiety Feifel (1959, 1969) actually used the terms confrontation and integration of death, but lacked clear definitions for the terms.

(b) Dumont and Foss's conceptualization of death acceptance

Dumont and Foss (1972) emphasized intellectual and emotional components involving more than a mere acknowledgement of the inevitable reality of death. This two-fold process was said to lead to "attitudinal death acceptance" and was characterized as a concept allowing for degrees of denial, fear and concern to co-exist with acceptance.

(c) McKissack's conceptualization of death acceptance:

McKissack (1974) extended this new line of thought about death acceptance as an alternate way of conceptualizing an individual's attitude towards death. He proposed that an individual's acceptance of death could occur in a variety of forms or levels. The first level of death acceptance involves the intellectual acknowledgement of death as a fact and inevitable end to life. This level is essentially a cognitive approach which involves only thinking about death. The second level of death acceptance proposed by McKissack was based upon the acknowledgement of the feelings of fear, anxiety, and depression which may result from thinking about death. In reaching the third level of death acceptance personal feelings about death combine with the intellectual acknowledgement of death to create a form of personal death acceptance which McKissack defined as a deep and

full intellectual grasp of the inevitability of one's own cessation.

(d) Paskow's conceptualization of death acceptance:

Paskow (1974, 1975) emphasized that death acceptance is a term which tends to be misleading in two ways:

1. Death acceptance does not imply unconditional passive acceptance devoid of fear or anxiety.
2. It is not a static concept or a concrete fact which can be achieved and requires no further effort from the individual to be maintained.

In emphasizing that death acceptance is a process in which the individual grapples with both intellectual and emotional dimensions, Paskow (1974, 1975) used the term "confrontation" to describe the intellectual component and "emotionally apprehending death" (p. 57) to describe the emotional component of death acceptance.

In concluding a review of theoretical articles by Feifel (1959), Dumont and Foss (1972), McKissack (1974), and Paskow (1974, 1975), Klug noted that despite progress which had been made in conceptualizing and operationalizing the concept of death acceptance there remained a need to develop a construct of death acceptance using a sound theoretical base and clear operationally defined terms and a research instrument from which direct inferences

could be made. Klug tackled this problem, and developed a new dualistic construct of death acceptance which he termed, reconciliation with death. Operational definitions were formulated and a research instrument was developed with which to assess the construct. Klug's formulation of reconciliation with death serves as the explication of death acceptance used in this study and is, therefore, reviewed in detail in the subsequent section.

5. Reconciliation with Death

Reconciliation with death is a concept describing a two-fold process which leads to intellectual-emotional (cognitive-affective) acceptance of death. Reconciliation with death was defined as "The deliberate intellectual acknowledgement of the prospect of one's own inevitable death and the positive emotional assimilation of the consequences." (Klug, 1976, p. 32). Confrontation and integration were viewed as equally essential components of reconciliation with death since neither intellectual acceptance nor emotional acceptance alone adequately conceptualizes the attitude of death acceptance. Individuals displaying a high degreee of integration could, by definition, be said to display only partial reconciliation with death. The opposite relationship between components (low confrontation and high integration) would be highly unlikely in terms of this construct. Confrontation (thinking about death and dying) must precede integration

(assimilating feelings about death and dying.

Several theorists have supported the contention that the degree of reconciliation with death achieved by an individual is influenced by the person's need to find meaning in life (Heidegger, 1958; Jung, 1934; Feifel, 1959; Choron, 1964; Cook, 1976). In Maslow's theory of self actualization (1962) high self actualizing individuals were described as having a greater need for meaning in life than low self actualizing individuals. In a study involving a sample of 245 church attending Roman Catholics, Klug (1976) investigated the hypothesis that high self actualizing individuals would display a greater degree of reconciliation with death than low self actualizing individuals. Operationally stated, high self actualizing individuals would tend to confront and integrate thoughts and feelings of death and dying at a significantly higher level than low self actualizing individuals. It was necessary to develop new instrumentation in order to assess the confrontation and integration components of reconciliation with death. Klug considered the importance of:

1. Perceiving death and dying as an issue.
2. Cognitively confronting (thinking about) issues relating to death and dying.
3. Accepting and integrating one's personal feelings about death and dying.

Reconciliation with death required integration of feelings not just thinking about thoughts and thinking about

feelings. The Confrontation-Integration of Death Scale (CIDS, Klug, 1976) was developed in order to reflect this two component formulation of death acceptance, via the construction of items which reflected two separate but correlated factors: (1) Confrontation and (2) Integration. This form of assessment sought to reflect the individual's reconciliation with death. Results of the study confirmed the hypothesis that the high self actualizing individuals would display a greater degree of reconciliation with death than low self actualizing individuals. This provided support for further research investigating the relationship between personality variables and reconciliation with death.

A review of literature pertaining to death attitudes revealed that research investigations have tended operationally to define death attitude in negative terms using concepts such as anxiety, denial and concern rather than defining death attitude in postive terms such as death acceptance. In contrast to earlier formulations, reconciliation with death was identified as a dualistic explication of death acceptance (positive evaluation of death) which sought to make direct inferences about the way in which individuals confront and integrate thoughts and feelings about death. Reconciliation with death offers a potentially more sensitive approach to assessing the individual's personal attitude towards death since it does not automatically preclude feelings of either anxiety or denial. As a construct, reconciliation with death emphasized

the way in which an individual perceives and interacts with events in the environment and subsequently organizes information and makes decisons about what it means to him personally.

A number of theoretical discussions and research studies have emphasized that personality characteristics of an individual have a large influence on perception, thinking, feeling and judgment (Jung, 1933; Myers-Briggs, 1966; Kalish, 1970; Reekie, 1970; Kaplan and Tilden, 1976).

The personality theory of Carl Jung, with its description of personality types and preferred patterns of functioning was selected as a model of personality which may offer a way to explore the degree to which people confront and integrate thoughts and feelings about death and dying, thereby achieving reconciliation with death.

C. Part III: Jungian Personality Theory and Typology

Jung's theory of psychological type suggests personality is composed of four sets of intrinsically opposed elements. These sets of opposing elements describe the expression of the libido within a given individual and its outward manifestation in terms of psychic phenomena (Jung, 1921, 1959; Progoff, 1973; Maddi, 1976). The four psychological functions through which the libido is constantly expressed are: sensation, thinking, feeling and intuition.

1. Sensation (S) refers to the mode by which the

individual approaches the outside world through the senses and emphasizes the immediate, practical, real experiences of life.

2. Intuition (I) allows for the unconscious awareness of relationships and emphasizes an awareness of possibilities, relationships, and the meaning of experiences.
3. Thinking (T) allows for the conscious interpretation of information provided by the senses, and allows decisions to be made in an objective, logical, impersonal manner.
4. Feeling (F) is the subjective valuing of objects and choices.

The sensing/intuition (S/N) dimension conceptualizes two rival approaches to perceiving (P) the environment, people and events. In Jungian theory the thinking/feeling (T/F) dimensions represent two rival approaches to how an individual makes judgments (J) about people, events, and objects.

In addition to the four basic psychological functions of thinking, feeling, sensing and intuiting and the predominant attitude by which they are expressed (judgment or perception) each individual has a basic orientation toward the world. Libidinal energy moves not only forward and back between the conscious and unconscious but also moves outward and inward. Jung refers to an outward direction of libidinal energy toward the environment as

extroversion (E) while regression of libidinal energy into the inner world, as manifested by an interest in concepts and ideas, is referred to as introversion (I). People create their own personality type according to the way they exercise their preferences with regard to the use of the processes of judgment and perception (J/P) and their basic orientation to the world (E/I). The creation of personality type within an individual involves a choice between four dichotomous dimensions, which create preferred patterns of functioning:

1. Two rival fields of personal orientation: Extroverson - Introversion
2. Two rival ways of perceiving: Sensing - Intuition
3. Two rival ways of judging: Thinking - Feeling
4. Two alternative attitudes for taking in and organizing information: Judgment - Perception

While acknowledging the power of the unconscious and the flow of libidinal energy, Jung does not view man as driven by instincts. The conscious psyche is acknowledged as a powerful mechanism capable of admitting or blocking messages from either the inner world of the unconsious or the outer world of the environment. In doing so the individual plays an active role assisting in the creation of

his own personality through the development of preferred patterns of functioning. There is form to human behavior Jung maintained! Jung postulated that apparently random variations in human behavior were actually quite orderly and consistent when considered in this four dimensional interlocking structure of personality. Therefore, Jung's formulation of preference type is an attempt at explaining individual differences within his theory of personality. Jungian theory of personality type holds that type differences reflect differences in interest, values, and problem solving techniques. In type theory, the intrinsic appeal of any kind of work lies in the chance to use the mental processes one likes best in the way one likes to use them. In seeking to implement Jung's theory of personality type Myers (1962) developed the Myers Briggs Type Indicator (MBTI), a one hundred thirty two item instrument composed of four dichotomous scales representing the four areas of basic preferences; E/I,S/N,T/F,J/P. Since each type reflects these four basic preferences, there are a total of sixteen personality types identified by the MBTI:

ISTJ ISFJ INFJ INTJ

ISTP ISFP INFP INTP

ESTP ESFP ENFP ENTP

ESTJ ESFJ ENFJ ENTJ

Each personality type according to Jungian theory, represents people who differ significantly in what they perceive and the conclusions they come to, and predicts that

people of different types will as a result differ significanty in their attitudes and reactions. The Myers-Briggs Type Indicator (MBTI, 1962) as a measure of Jungian personality type provides a means of obtaining insight into person-situation interactions (Carlson and Levy, 1973). Carlson et al emphasized that Jungian types describe complex, enduring personality organizations in such a way that the theory is at once highly general and quite specific, and concluded, "...the typology should be relevent to any psychological problem in which the substantive issue can be conceptualized in terms of...'natural' modes of perceiving and judging experience."(p.563). The MBTI with its twofold emphasis on perception and judgment has the potential to serve as a personality measure capable of providing insight into the relationship between personality and reconciliation with death.

D. Research Relating to Personality Type

A number of studies have been designed using Jungian personality typology (Myers-Briggs, 1966) to describe personality characteristics of health care professionals. These studies relate primarily to five areas of research concern. These are:

1. The relationship between personality type and success in educational programs (Reekie, 1970; Buhmeyer and Johnson, 1977).
2. The relationship between personality type and learning

styles (Ritchie, 1975).

3. The relationship between personality type and clinical judgment (Koehne-Kaplan and Tilden, 1976).
4. The relationship between personality type and self actualization (Frederick, 1974);
5. The relationship between personality type and death concern (Nightingale, 1972).

Most research studies using Jungian personality type have been designed to describe the distribution of types displayed by individuals within a selected sample, and to investigate the relationship between typology and success in educational programs(item one above). "Success" has been operationalized in terms of completion of program, grade point average and development of clinical judgment.

Reekie (1970) investigated the relationship between personality factors and biographical characteristics associated with success in nursing school. Reekie hypothesized that significant relationships existed among judgment, perception, self actualization, and success in nursing school. Personality type was measured by the MBTI; self actualization was measured by the POI; success in nursing school was measured by grade point average. The instruments were administered to a sample of one hundred and fifty eight senior nursing students (mean age 21.7 years). Low intercorrelations were found between the personaliy measures, leading to the conclusion that many different personality dimensions are probably being measured by the

two inventories (Reekie, 1970, p. 29). This finding is consistent with the theory underlying the development of the two instruments. The MBTI, in describing personality type reflects the individual's preferred patterns of functioning (Myers-Briggs, 1962), whereas the POI describes levels of self actualization, and reflects an individual's degree of personal maturity (Maslow, 1962, Klug; 1976).

However, Reekie's attempt to use Jungian personality theory and type to build a model of the nursing personality was a new and significant contribution to research pertaining to health care professionals. The model was used as a basis for predicting how lifestyle, perception,and judgment would affect nursing behavior. Student nurses tended to be extroverted sensing feeling (E,S,F) individuals regardless of whether they used judgment or perception as the dominant process for taking in and organizing information. Individuals were predominantly ESFJ or ESFP types.

Reekie noted that Myers-Briggs (1962) described individuals having an ESF personality type as people who tend to feel easy with the environment, relying on experience and observation, being sympathetically aware of people and groups. Each of the dimensions within the personality type (Extroversion, Sensing and Feeling) adds specific personality characteristics which contribute to this general profile and have specific implications for how the nurse functions as a health care professional and

interacts with patients who are ill or dying. The general profile of the ESF type and discrete characteristics of each dimension also have implications for training and employment. Reekie (1970) developed the following summary based on descriptions of the specific characteristics contributed by each dimension of the type (Jung, 1921; Myers-Briggs, 1962):

Dimension of type	Individual's Characteristics
Feeling	1. like to please people
	2. find disharmony in work setting disturbing
	3. like and need praise
	4. dislike telling people unpleasant things
Sensing	1. dislike problems or problem solving unless there are ways to solve them
	2. do not mind routine
	3. enjoy using skills already acquired
	4. impatient when many complicated details must be remembered
Extroversion	1. works quickly and efficiently
	2. likes variety

3. dislikes complicated procedures or long slow jobs

As a result of this profile, it was predicted that nurses displaying ESF personality type may encounter difficulties in work settings in which they are often required to tell patients or families unpleasant facts about patient illness, symptoms, and prognosis. Reekie concluded that some of the problems nurses have in a work setting may arise as much from personality characteristics as from aspects of the job itself and suggested that nursing instructors might consider obtaining MBTI profiles for their students in an attempt to provide them with a variety of clinical and laboratory experiences. Although personality type appeared to have implications for the design and development of educational programs, grade point average remained a better predictor of success in nursing school than personality measures.

Subsequent to the research of Reekie (1970), Ritchie (1975) proceeded with a closer examination of the ways in which the assessment of personality typology could assist in the design and development of training programs for health care professionals. The study focused on learning styles relevant to identified personality types and was designed with the objective of helping nursing educators understand how nurses learn most effectively. Since Jungian typology had not been used extensively in describing personality

characteristics of health care professionals, the study was also designed to provide a detailed description of subjects according to personality type. The MBTI was administered to a sample of forty three student nurses and sixteen registered nurses. Student nurses were represented in thirteen of the sixteen cells of the latin square in the Jungian Personality Function Table (Myers-Briggs, 1962, p.70 - 71). Registered nurses were distributed in nine of the sixteen cells. The majority of students clustered in the ESFJ and ISFJ dimensions (18.6% and 13.9%) while registered nurses were distributed primarily between ISTJ and ENFP types (20% and 13.3%). It was found that preferred learning style did vary by personality type. In addition, student nurses having the same personality type as registered nurses preferred to learn by different methods. Therefore there were differences both within and between groups with respect to personality type and preferred learning style - differences which have implications for designing educational programs and investigating the reasons for the high attrition rate which continues to plague training programs for health care professionals.

Koehne-Kaplan and Tilden (1976) defined success in nursing school in terms of the development of clinical judgment rather than grades, or simply completion of a training program. They proposed that a complete re-examination of nurses' personality profile was required owing to recent changes in the nursing profession - the

extended role of nurses as well as the increasing number of men and older women entering the field. Following an extensive review of the literature, Koehne-Kaplan et al. concluded that it was "fruitless to continue to search for a 'typical' nurse personality in the face of failure to establish one in thirty-five years of study." (p. 270). A need was expressed to know more about the way in which components of personality influence the manner in which a nurse perceives the world and makes judgments about important factors. Clinical inference and decision making relies heavily upon such factors since there is relatively little instrumentaion and quantification of data to help reduce uncertainty.

A study was designed to reveal whether: (1) particular Jungian personality types occured in a sample of 99 nursing students and (2) whether there was a relationship between Jungian type and ability to learn the components of clinical judgment taught in one of the educational courses. Results of this study, based on the administration of the Gray Wheelright Type Indicator reconfirmed findings of earlier research (Reekie, 1970; Ritchie, 1975) that the greatest number of subjects were of the ESF type. That is, there was a predominance of extroverted, sensing, feeling individuals, within the sample of nursing students.

Frederic (1974) investigated the use of Jungian type as a measure of personality in yet a third area of research: self actualization. Maslow (1962) conceived of personality

as the organized strivings of a person to be himself, to grow and actualize himself. Analogous to this concept of man realizing his inherent potential is Jung's (1954) developmental concept of self with its emphasis on the individualization process. Similarly, Shostrom (1970) emphasized that each personality contains the paradoxical state of polar opposites which are expressed and forced to awareness in the actualization process while Jung discussed four dichotomous patterns of functioning, in which the individual develops preferences during the process of individuation. As a result of this theoretical relationship, Frederick (1974) posited that both personality and self actualization contribute to success in education and designed a study to assess the relationship between these entities. The POI was selected as research instrument because it dealt with various components of personal orientation that might hypothetically relate to personality types identified by the MBTI.

Frederick investigated profile dissimilarities between counsellors and helping persons, and predicted that significant differences would exist with respect to (a) personality type and (b) self actualization. A self actualized person was defined as "one who is more fully functioning and lives a more enriched life than does the average person, and who scores up to one standard deviation above the mean on the majority of scales on the POI."

In analyzing the correlations between personality type

and self actualization Frederick found that low self actualizing individuals tended to be ISTP, ISTJ, ESFJ, ISFJ, INTJ, and ESTJ types. High self actualizing individuals tended to be INFP, ESTP, ENFP, ENFJ, ENTP, ENTJ, and INTP types. Individuals represented by the ISTP type had the lowest self actualization profile of all personality types, and was negatively correlated with every other type.

These findings lent support to the hypothesis that there is a significant relationship between the personality identified by Carl Jung (1921) as assessed by the MBTI and the personality traits of self actualizing individuals identified by Maslow (1962) and assessed by the POI.

Frederick's (1974) research investigating the relationship between personality type and self actualization and Klug's (1976) research describing the self actualizing individual's reconciliation with death, suggested the viability of examining a fourth area of research concern: the relationship between personality type and reconciliation with death.

E. Reconciliation with Death and Personality Type

This study incorporates theory and empirical data from two areas of psychological research: attitude towards death and personality theory. Although a number of research studies have dealt with the personality characteristics and attitudes of health care professionals, none were found

investigating the relationship between personality type and reconciliation with death. Some however provided essential research information and theory for this study. Since the early 1970's several studies were carried out in three separate areas which provided essential research information pertaining to the study of personality type and reconciliation with death. These studies have focused on:

1. Jungian personality type and death concern (Nightingale, 1972);
2. Self actualization and Jungian personality type (Frederick, 1974);
3. Self actualization and reconciliation with death (Klug, 1976).

Nightingale (1972) initiated research in the area of personality type and death attitude by investigating the hypothesis that death anxiety, time perspective and subjective life expectancy could best be discriminated on the basis of Jungian personality type. High death anxiety was expressed by extroverted judging females; low degrees of death anxiety were expressed by extroverted perceptive females.

A review of the literature confirmed that Jungian personality type appears to offer a sensitive assessment of an individual's personality characteristics (Reekie, 1970; Ritchie, 1975; Koehne et al, 1976). However, death anxiety was described as a unidimensional construct incapable of reflecting positive attitudes toward death (Ray and Najam,

1974) A further review of the literature indicated that a dualistic construct, reconciliation with death had been developed by Klug (1976) with the intent of conceptualizing the manner in which individuals confront death and positively assimilate resulting thoughts and feelings. However, Klug (1976) investigated the relationship between reconciliation with death and personality using self actualization rather than personality type as the relevant personality variable. Although reconciliation with death appeared to be superior to death anxiety as a construct operationally defining death attitude, personality type appeared to offer a more sensitive approach to conceptualizing individual differences in personality than the personality traits described by self actualization.

Reconciliation with death was developed as a multidimensional concept which sought to describe a process by which an individual confronts death and subsequently integrates thoughts and feelings which arise from such experiences. Personality type is a multidimensional concept which offers a model describing people's attitudes toward death in terms of specific preferences with respect to ways of processing information (thinking, feeling), and gathering information (sensing - intutition). Jungian type offered a basis for assessing an individual's readiness to interact with people and events (introversion - extroversion) and preferred ways of organizing and making decisions (judgment - perception).

A review of the literature indicated that reconciliation with death and personality type have been used in separate research studies investigating the relationship between attitude toward death and personality. However, there have been no research studies which have focused specifically on the relationship between these two constructs (See Figure 1).

As a result, this study was designed to examine the relationship between reconciliation with death and personality type in a sample of first year nursing students. Personality type was measured by the Myers-Briggs Type Indicator (Myers-Briggs, 1966). Reconciliation with death was measured by the Confrontation - Integration of Death Scale (Klug, 1976).

F. Research Questions and Hypotheses

On the basis of the review of literature, the following questions will be posited for investigation in this study:

1. What is the distribution of Jungian personality typologies within a sample of first year nursing students?
2. What is the relationship between personality type and reconciliation with death?

On the basis of research studies describing the distribution of personality types in health care professionals (Reekie, 1970; Ritchie, 1975; Koehne et al, 1976) the following null hypothesis was formulated with respect to question one:

Ho: There will be no difference in personality type as measured by the MBTI in a selected sample of nursing students. That is, the number of cases in all cells will be equal.

An alternative hypothesis was also developed:

H1: There will be a predominance of individuals represented by the ESFJ and ISFJ types.

On the basis of research describing the relationship between reconciliation with death and self actualization (Klug, 1976) and the relationship demonstrated between self actualization and personality type (Frederick, 1974) the following null hypothesis were designed to describe the relationship between personality type and reconciliation with death, and assess differences between types (Question two):

Ho: For individuals described by each personality type, there will be no relationship between type and reconciliation with death with respect to: (a) confrontation and (b) integration.

Ho: Individuals differing in personality type will not differ in reconciliation with death as reflected by the ability to confront and integrate thoughts and feelings about death and dying.

G. Summary

Dealing with the dying patient is an occupational hazard within the nursing profession. Within recent years an increasing number of correlational studies and clinical reports have begun to focus on how nurses can cope and deal effectively with dying people. Individuals recieving training on how to preserve life must also learn how to assist patients in the process of death, when recovery or cure is no longer possible.

Chapter two reviewed literature which indicated that in recent years attitude towards death has been acknowledged as a powerful variable in determining whether a nurse can confront the reality of death and deal effectively with terminally ill patients. However, little is known as to how the individual confronts death and subsequently integrates the wide range of thoughts and feelings which result from such experiences. Personality has been recognized as a potentially significant variable in this process, owing to its infuence on the way in which an individual perceives and interacts with events in the environment. Personality type was identified as a theoretical formulation reflecting discrete personality characteristics describing the way in which an individual perceives, interacts with, and makes decisions about people, things and events in the environment. As a dualistic construct, reconciliation with death depicted death acceptance as a process involving: (1) perceiving death and dying as an issue; (2) confronting

thoughts about death; (3) positively integrating the feelings which result from such confrontation.

Many of the problems experienced by nurses may relate as much to personality type as to the job itself (Reekie, 1970). A review of the literature indicated that there have been no research studies designed to investigate the way in which nurses of various personality types may, as health care professionals, become reconciled with death.

The purpose of the present study was to:

1. Identify the distribution of personality types within a sample of first year nursing students.
2. Describe the relationship between personality type and reconciliation with death.

III. STUDY PROCEDURE AND DESIGN

Chapter three provides a description of the study which was designed to answer the research questions and hypotheses formulated as a result of the literarure reviewed. Chapter three provides a description of the sample and reviews instrumentation used to assess reconciliation with death and personality type. Subsequently, there is a presentation of the study design and an explanation of procedure used when administering tests, giving feedback to subjects and testing hypotheses. The chapter concludes with a brief discussion of the implications of using a quasi-experimental design of the study.

A. The Sample

The Myers-Briggs Type Indicator (Myers-Briggs, 1962) and Confrontation-Integration of Death Scale were administered to a sample of ninety first year students at the Royal Alexandra Hospital. All ninety students were currently enrolled in a psychology course required within the curriculum.

The mean age of students was 18.7 years. The average educational level was grade 12, with little or no additional education or training. Two subjects were dropped from the study as a result of noncompletion of a questionnaire, and the one male subject was excluded, leaving a final sample of eighty seven first year female nursing students. Subjects were controlled with respect to age, sex, and level of death

education, since research studies have presented evidence that these variables may influence attitude toward death. Religion and death experience were not controlled via selection of subjects. However, owing to contradictory research evidence as to the importance of these variables to an individual, the subjects provided additional information pertaining to their religious views and personal death experience.

Nursing students were selected to represent health care professionals who, in the course of their training, must attempt to confront and integrate thoughts and feelings about death and dying in order to work effectively with terminally ill patients. First year students were selected in an attempt to identify the relationship which exists between personality type and reconciliation with death before education courses and on the ward experience have had an opportunity to alter initial attitudes toward death.

B. The Instruments

Reconciliation with death was measured by the CIDS and personality type was described via the MBTI.

1. Confrontation - Integration of Death Scale

The Confrontation - Integration of Death Scale is a likert type response option questionnaire developed by Klug (1976) as a research instrument to assess the construct of reconciliation with death. In chapter two, this construct was reviewed, and defined in terms of an individual's

ability to confront thoughts about death and integrate the resulting feelings in such a way as to enhance the meaning of life.

Two factors are represented within the CIDS. The first factor, death confrontation, is comprised of eight items: questions 1, 6, 8, 9, 11, 12, 14, 17, on the CIDS. The second factor, integration, is comprised of ten items: questions 2, 3, 4, 5, 7, 10, 13, 15, 16, 18. The confrontation of death component was defined as the conscious contemplation of one's own inevitable death. The score on this eight item scale ranged from 0 - 32, with items attempting to assess an individual's willingness to reflect on death and discuss death, even amidst feelings of fear, concern and anxiety. The integration of death component was defined previously as the positive emotional assimilation of the consequences of death confrontation (Klug, 1976, p. 66 - 67). The score range on the 10 item scale was 0 - 40, with items attempting to assess the extent to which an individual has assimilated thoughts and feelings about the prospect of death in such a way that life is more meaningful.

As would be predicted by the reconciliation with death construct, Klug's (1976) research indicated that the CIDS exhibits a low positive correlation between confrontation and integration factors (n = +.33), and a low negative correlation between confrontation and integration factors and death anxiety (confrontation & DAS, n = -.36;

Integration & DAS, n = .22). That is, the CIDS indicates a positive relationship between thinking about death and integrating the thoughts and feelings which arise as a result of such contemplation, and identifies a low inverse relationship between thinking about death integrating feelings about death in a positive way (life enhancing) manner and feeling anxious about death.

The CIDS had undergone some reliability checking during use in previous research studies (Klug, 1974, 1975). Test re-test reliability coefficient of .59 for the confrontation items and .55 for the integration items after a lapse of five weeks were obtained with respect to a sample of 42 female student nurses. Kuder-Richardson Twenty coefficients were found to increase to a level of .81 and .85 for the confrontation and integration items respectively with a second sample of 178 subjects, and to a level of .78 and .85 for confrontation and integration in a sample of 245 subjects.

CIDS Scoring and Administration

No time limit was set for subjects completing the CIDS. The questions were scored using a four category likert-type response option: strongly agree, agree, disagree, stongly disagree. The eight items designed to measure death confrontation (1, 6, 8, 9, 11, 12, 14, 17) were scored in the direction of four to one. The ten items designed to measure death integration were scored in the direction of one to four (2, 3, 4, 5, 10, 13, 15, 16, 18).

2. Myers-Briggs Type Indicator

The Myers-Briggs Type Indicator (MBTI) is a 166 item self report inventory developed to measure personality preferences. The instrument was published in 1962 by the Educational Testing Service (ETS). The MBTI and the supporting research stemming from its development, expanded and clarified Jung's theory of personality types. The indicator has been used in vocational counselling, in screening applicants for jobs, in selecting applicants for colleges and professional schools and in predicting academic success (Carlson, 1977). Chapter two indicated that recently the indicator has been used to describe personality characteristics of health care professionals (Bruhn, Floyd, Bunce, Greaser, 1978) and investigate the relationship between personality type, death concern, and personal mortality (Nightingale, 1972). The MBTI was identified as a promising research instrument for describing the relationship between personality type and reconciliation with death. A review of Jungian theory emphasized that seemingly random variations in human behavior is not due to chance. Jung proposed that observed behavior is in fact the logical result of basic observable, measureable differences in mental functioning.

These basic differences concern the way people use their perceptual processes (their ability to be aware of people, things, ideas or events) and the way they use their judgment processes (to come to conclusions about what has

been perceived). Together, judgment and perception are central to a person's mental activity, and play a great role in influencing overt behavior. Jungian theory states further that there are two ways of perceiving (by sensing or by intuition) and two ways of judging (by thinking or feeling). Regardless of which of these processes is favored by an individal there will also be a tendency to orient thoughts and feelings inward to the self (introversion) or outward toward the environment (extroversion). Therefore, the Myers-Briggs Type Indicator contains items designed to assess the following four pairs of preferences, from which sixteen different types of personality combinations were derived:

E - I (Extraversion - Introversion)

S - N (Sensing - Intuition)

T - F (Thinking - Feeling)

J - P (Judgment - Perception)

Each question in the MBTI was selected for a specific theoretical reason, to detect clues in ordinary behavior which would identify the underlying preference. The test was designed initially for use in educational and occupational guidance. The questions were formulated to be non-threatening, without pathological orientation. Items were presented in a forced choice format with each choice designed to be particularly attractive to the type to whom it was directed. Each item was scored on only one index. Item correlations with scales other than their own ranged

from .07 to .12 (Myers-Briggs, 1962).

Reliability studies which have checked the internal consistency (split-half) show correlations ranging between .70 and .80 for continuous scores. Internal consistency reliability for the S-N, T-F, and J-P scales ranged form .74 to .90 (Bowling, 1973).

MBTI Scoring and Administration

The MBTI can be scored either by hand or computer. These questionnaires were hand scored using a set of eight separate stencils to score responses pertaining to each of the four dichotomous preference dimensions: extroversion - introversion, sensing - intuition, thinking - feeling, judgment - perception. Scoring an Indicator produces four "preference scores", one for each of the four indices EI, SN, TF, and JP. Each score consists of a letter showing the direction of that preference, followed by a number indicating its strength. Strength of preference is the difference between two dichotomous scores, i.e., if a person indicates a score of E = 45 and I = 60, then the preference score is identified as I = 15. A conversion table is available to assist in the transformation of difference between point totals into preference scores. A person's four preferences combine to make his type. If, for this example, his scores are E 21, S 42, T 30, and J 35, the person is an ESTJ type.

When continuous scores are wanted for statistical purposes, they are derived by adding a score of 100 to a

preference score for I, N, F, P or by deducting 100 from an E, S, T, J preference score. A transformation table may also be used to convert scores into continuous scores. For more information on scoring and administration of the MBTI, and a description of characteristics associated with preference scores and personality type and related research, the reader is referred to the Myers-Briggs Type Indicator manual (1962).

In summary, the two major instruments used in this study have been identified as the Confrontation and Integration of Death Scale (CIDS) and the Myers-Briggs Type Indicator (MBTI). The CIDS was used to measure the two components of reconciliation with death. The MBTI was used to describe personality type.

C. Design of Study

This research study is a quasi-experimental design in that no independent variable is being manipulated under a "treatment" condition (Stanley & Campbel, 193, p. 34 - 36). However, for purposes of this study, personality type is considered the independent variable. It is actually a classification variable in that subjects were classified according to characteristics which already existed prior to the study which did not result from manipulations by the investigator (Ferguson, 1966, p. 220). Ferguson summarized this type of experimental design as essentially a specialized correlational study involving classification

variables in which the attempt is made to control the influence of certain variables which could not be controlled in a straight forward correlational study. Ferguson emphasized that:

> In studies such as this, the investigator excludes certain variables from the group of causal influences affecting the results observed. Although no direct causal argument linking the classification variable can be advanced, the influence of certain variables on the results can be excluded. Such investigations narrow the range of causal influences. Factorial investigations involving classification variables may perhaps be construed legitimately to be experiments in that, by design, they involve the experimental control of variables which mightbe uncontrolled. (Ferguson, 1966, p. 220 - 221)

Reconciliation with death (as reflected by confrontation and integration scores) was considered as the dependent variable in the design of this study.

Several variables were considered as potentially significant and have been controlled via selection of the sample: (a) sex; (b) age; and (c) death education. Two additional variables were identified as important at the individual level, although existing in a statistically nonsignificant relationship with death attitudes: (a) death experience; and (b) religion. Descriptive data were obtained to create a more detailed description of personal reconciliation with death. A review of the research findings and contradictory evidence with respect to the above potentially powerful varibles will be reviewed in order to explain the way they have been dealt with in this study.

The variables which have been controlled in the

research design via selection of subjects are as follows:

1. Sex: Klug (1976) found no statistically significant differences regarding sex when investigating the relationship between reconciliation with death and death anxiety. In addition, no significant differences were found between death anxiety and sex, in the sample of 144 church attending Catholics. However, the latter results contradict previous research findings in the area of death anxiety. In a study of 2,559 people from a wide range of populations, Templer, Ruff, and Franks (1971) found a significant difference in level of death anxiety between males and females. Females were more anxious about death than males.

   As a result of these contradictory findings, sex was controlled as a potentially significant independent variable determining an individual's reconciliation with death. Only female subjects were used in this study. The one male nursing student present with the sample was excluded as a subject from this study.

2. Age: Jung (1934) hypothesized that age is related to death orientation, and posited that older people exhibit an increased preoccupation with death. Research by Feifel and Branscomb (1961) indicated a trend for positive attitudes toward death to be related to age. However subsequent research contradicts the above findings. Templer et al found no

relationship between age and death anxiety in a large sample of subjects 18 - 26 years of age. Klug (1976) reconfirmed the lack of a statistically significant relationship between age and reconciliation with death. In contrast to earlier predictions and research findings (Jung, 1923; Feifel et al, 1961) there was a trend for death confrontation to decrease with age.

In summary, a statistically significant relationship does not appear to exist in research assessing age as a factor in death attitude. However, as a result of contradictory research findings age was controlled as a potentially relevant variable, in a study designed to investigate the relationship between personality type and reconciliation with death.

3. Death Education: Hopping (1977) studied senior nursing students taking death education courses. Students exhibited more positive attitudes towards death after completing the course, and after a three month period of time had elapsed. However, research by Bruhn et al (1978) assessing attitude change in health care professionals, discovered that initial attitude change did not persist when rechecked over time in clinical work settings.

In light of this contradictory evidence with respect to the impact of death education, subjects selected in this study were enrolled in a nursing education program, but had received no training either in the form of courses,

workshops or work experience, which could confound data pertaining to the relationship between personality type and reconciliation with death.

Descriptive data was gathered with respect to the following variables which were not controlled in the selection of subjects.

1. Religion: Although religion has been frequently included in research investigating death attitudes, the evidence concerning the nature of the relationship is confusing and contradictory. Klug (1976) found a similarity of religion between high and low self actualizers in a research study investigating the relationship of self actualization and reconciliation with death. Kalish (1963) noted a complex curvilinear relationship between church attendance and death attitude. Religion was not controlled via selection of subjects within the research design, but questions were included to assess the degree to which religion is a factor in shaping an individual's personal reconciliation with death.
2. Personally Significant Death Experience: Death experience was recognized as a potentially powerful variable in nurses' attitudes towards death. Denton et al (1977) cited a need for additional research into the relationship between death experience of family members, friends, and strangers, and its impact on nurses' attitude towards death. Actual on the ward

experience tends to be associated with an increase in death anxiety, but it was hypothesized that significant (personally relevant) experience with death might facilitate reconciliation with death. This variable will be examined via an open ended question asking subjects to relate any relevant death experiences - be it a friend, relative, stranger, or perhaps a personal brush with death, in order that some discussion or post hoc analysis can be done if appropriate.

D. Study Procedure

There were four phases in which tests were administered, and data were collected and analyzed to test hypotheses. In phase one the reconciliation with death questionnaire (CIDS) was administered along with questions collecting personal data pertaining to death attitude and death experience. In phase two the personality instrument (MBTI) was administered to subjects in the sample, and data were collected pertaining to the significance of religion in developing a personal reconciliation with death. In phase three a lecture presentation describing the findings with respect to reconciliation with death and personality type provided an opportunity to initiate group discussion, obtaining subjects comments and suggestions for revisions to the CIDS. A description of the specific procedure used within each phase will now be reviewed in more detail.

Phase I: Administration of the CIDS

The adminstration of the CIDS occured during a regular class period in the psychology course. The subjects were informed that a guest lecturer would be present during the next class to discuss the topic of death attitudes. At the beginning of the lecture the subjects were told that a brief questionnaire would be distributed in order for them to have an opportunity to begin to focus on their own personal thoughts and feelings about death since they had no previous coursework in the area. It was stressed that the questionnaire was not a test, as there were no right or wrong answers. Subjects were informed that the questionniares would be scored and returned to them in a subsequent class period for discussion about the way they as individuals, and as a class, thought about death.

In order to facilitate the anonymous scoring of questionnaires and return them to the appropriate individuals, subjects were asked to put their assigned seat number on the front page.

The eighteen item CIDS was distributed along with six items gathering demographic data and information relating to personal death experience. No time limit was imposed on subjects in order that they could respond to the open-ended questions pertaining to death experience and death attitude. Following completion of the questionnaire a lecture was delivered pertaining to death attitude and its relevance to health care professionals. Research approaches were reviewed

and reconciliation with death and the CIDS instrument were explained. An informal discussion period allowed subjects to offer insights as to the usefulness of reconciliation with death as a way of conceptualizing death attitude, and the validity of certain questions within the CIDS.

Phase II: Administration of the MBTI

The MBTI was adminstered in a regular lecture session one week after subjects completed the CIDS. Subjects were informed that the questionnaire was a research instrument used for identifying personality type and was particularly well suited to providing practical feedback regarding the way in which people like to function in life. The subjects were informed that the questionnaire was being handed out three weeks ahead of the course unit on personality in order that it could be scored and returned at the beginning of the new unit.

It was stressed that there were no right or wrong answers to the MBTI questions, and a brief explanation was provided as to the forced choice structure of the questionnaire. The subjects were again requested to put their assigned seat numbers on the questionnaires in order to facilitate return after scoring. The MBTI questionnaire was distributed along with a sheet containing five items pertaining to religion, and the relationship between an individual's religious views and attitudes towards death. The subjects were told that the last five questions had been inadvertently left off the death attitude questionnaire

completed the week before.

Phase III: Feedback to Subjects

Three weeks after administration of the MBTI, the subjects were informed that both sets of questionnaires completed with respect to death attitude and personality type had been scored and would be returned the next week. The guest lecturer returned to discuss Jungian theory and personality type, and death attitude, and explained the questionnaires. The MBTI scoring sheets were returned and subjects were taught how to interpret the continuous scores and four letter personality type on each scoring sheet. A summary was provided of the distribution of personaltiy types within the sample. A description of the personality profile of the major types were reviewed, and subjects were given summary sheets of the characteristics associated with their MBTI profile.

In the upper left hand corner of each MBTI score sheet, the subject scores for death confrontation and death integration had been written in as follows: C= /32 ; I= /40 The subject's score on each scale was placed in the numerator. The concepts of death confrontation (thinking about death) and integration (putting together feelings about death in a positive way) were reviewed before dividing subjects into groups on the basis of personality type. Subjects were asked to do two things: 1. Read the Myers-Briggs personality profile sheets describing their personality types, and see if the characteristics seemed

relevant to (a) themselves as individuals and , (b) other classmates in their group identified as having the same personality type. 2. Compare personal attitudes towards death (as measured by the CIDS) with other members of the group having the same personality type.

Subjects were then allowed to move about between groups comparing personality types and strengths of preferences with respect to the four functional dimensions of personality, comparing confrontation and integration scores on the Reconciliation with Death questionnaire, and asking questions relating to the research instruments and theory. Students checked the strength of preferences on continuous scores of the MBTI to ensure that personality type had been identified correctly.

Phase IV: Hypotheses and Analysis

The first hypothesis tested in the present study was that no differences would exist with respect to personality type in a sample of first year nursing students. An alternate hypothesis was formulated stating that more individuals would be described as having an ESTJ personality type than other Jungian types. Hypothesis one was tested using a type table indicating the distribution of subjects and percent frequency distribution of subjects by personality type. The personality types were determined by the MBTI.

The following assumptions underly the use of the Jungian Personality Function Table developed by Myers-Briggs

(1962) which represented the distribution of personality types identified through use of the MBTI.

1. Personality characteristics can be identified in terms of four dichotomous dimensions: E - I, S - N, T - F, and J - P.
2. The strength of preference with respect to each dimension can be identified by the MBTI and combine to represent an individual's personality type.
3. These preferred patterns of functioning can be presented on a latin squares table depicting the sixteen personality types.

A second hypothesis was developed to test whether a significant relationship existed between each personality type and reconciliation with death. Hypothesis two stated that there was no relationship between type and death confrontation, and no relationship between type and death integration. Hypothesis two was tested using a point biserial correlation to determine whether a relationship existed between each personality type and death concern, and between each personality type and death integration. Point biserial correlation measures the relationship between a continuous variable and a dichotomous variable. The following assumptions underlie the use of the statistic:

1. Assumes linearity of regression. If random relationship exists between variables the correlation will be zero, if one variable is a perfect predictor of the other the correlation would be +1 (Ferguson,

1966, p. 125).

2. Does not assume normality of distribution for the two variables (Ferguson, 1966, p. 126).

These assumptions were met, and a point biserial correlation was used to measure the relationship between the dichotomous variable, personality type, and the scores on continuous variables, death confrontation and death integration. However, in making predictions using point biserial correlation Ferguson (1966, p. 417) emphasized the following:

> Perfect prediction of a continuous variable from a two categorical variable is obviously impossible. Some error in prediction must always occur in predicting a variable which may take a wide range of values from a variable which may take two values only.

A third hypothesis was formulated to test whether differences existed between personality types and their degree of reconciliation with death. Hypothesis three was tested using a one way analysis of variance to determine whether there is a signficant difference between personality types with respect to death confrontation and death integration.

The following assumptions underlie the use of an analysis of variance model:

> Assumption 1: ...the distribution of the variables in the population from which the samples are drawn are normal (Ferguson, 1966, p. 294).

Assumption 2: ...the variances in the populations from which the samples are drawn are equal. This is known as homogeneity of variance (Ferguson, 1966, p. 294).

Assumption 3: ...the effects of various factors on the total variance are additive (Ferguson, 1966, p. 294).

Assumption 4: ...the observations must be independent (Ferguson, 1966, p. 294).

Assumption 5: ...variable included must have been measured in at least one interval scale, so that it is possible to use the operations of arithmetic...on the scores (Seigel, 1956, p. 19).

Ferguson (1966) emphasized that the assumptions underlying the analysis of variance model, tend to be only roughly satisfied when using real data. However the test is quite robust, tolerating reasonable departures from the assumptions of normality and homogeneity without seriously affecting the validity of inferences which can be made with respect to the data (p. 295).

A Hartley test for homogeneity of variance was used to test assumption 2. It tested the hypothesis that:

The statistic used to calculate homogeneity of variance is:

$$Fmax = \frac{\text{largest of K treatment variances}}{\text{smallest of K treatment variances}}$$

A Neuman Keuls procedure was used to test for a significance of difference between groups after an overall F was identified which was significant at a .05 level of probability.

IV. ANALYSIS OF THE DATA

The following chapter consists of three sections. Part I presents an analysis of the distribution of personality types represented in a sample of first year nursing students. Part II presents the analysis performed to assess the ability of individuals within each personality type to confront and integrate thoughts and feelings about death and dying. A series of Pearson product moment correlations were performed for the fifteen personality types represented within the sample in order to describe the relationship between personality type and death confrontation and between personality type and death integration. Part III presents the analysis performed on death confrontation and death integration scores to test for differences between the six personality types represented by five or more subjects. An analysis of variance was conducted to test for overall significance of difference between means for (a) death confrontation and (b) death integration.

A. Part I: Analysis of Distribution of Personality Types for First Year Nursing Students

The first hypothesis tested in this study was stated in null form:

Ho: There will be no difference in personality type as measured by the MBTI, in a selected sample of nursing students.That is,

there will be equal n's in each cell.

In the event that the null hypothesis was rejected, an alternate hypothesis was formulated which stated:

H1: There will be a predominance of ESFJ and ISFJ personality types.

The actual distribution of nursing students (N = 87) was identified through the number and percentage of individuals represented in each cell of the Jungian Personality Function Table (Table 1) and via a frequency distribution graph (Figure 2).

As a result of the different personality types identified within the sample the null hypothesis was rejected. In addition, the alternate hypothesis was accepted because the two predominant personality types within the distribution were the ISFJ (n = 21) and ESFJ (n = 17) types, representing 24% and 17% of the distribution respectively.

TABLE I

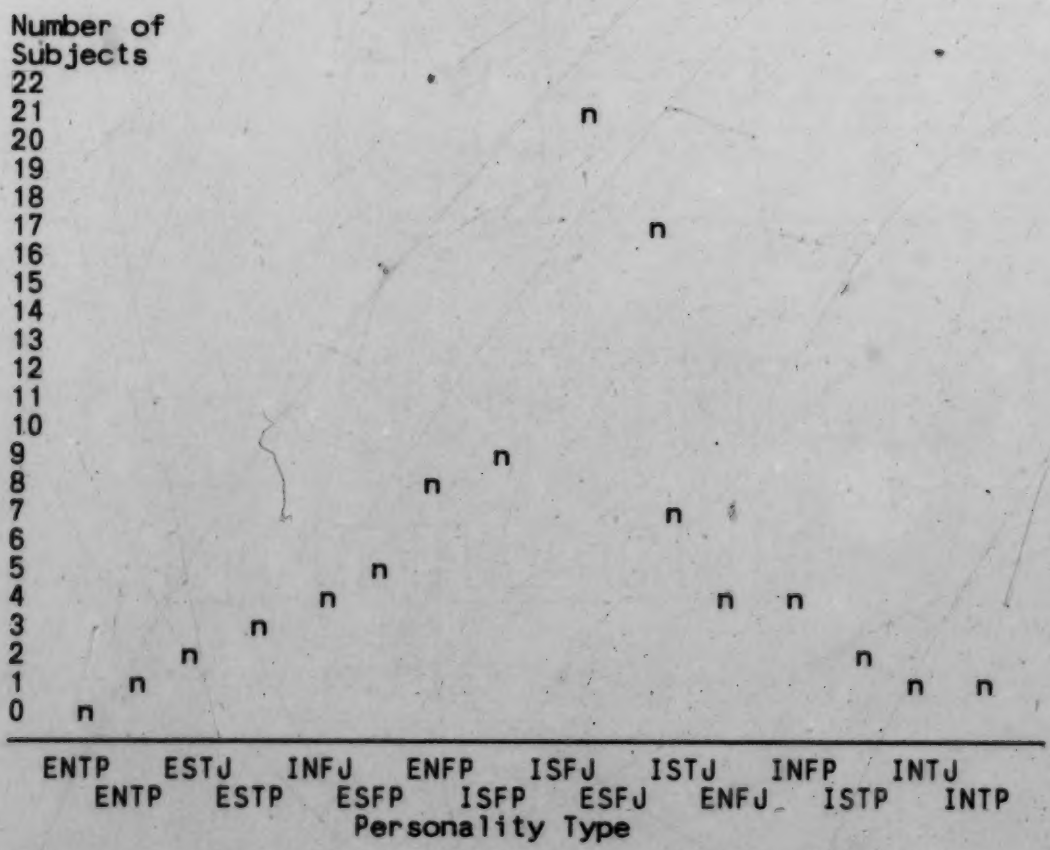
Myers-Briggs Type Distribuion
for First Year Nursing Students
(n = 87)

Jungian Personality Function			
ISTJ n=7 %=8	ISFJ*** n=21 %=24	INFJ n=4 %=5	INTJ n=1 %=1
ISTP n=2 %=2	ISFP n=9 %=10	INFP n=4 %=5	INTP n=1 %=1
ESTP n=3 %=4	ESFP n=5 %=6	ENFP n=8 %=9	ENTP n=1 %=1
ESTJ n=2 %=2	ESFJ** n=15 %=17	ENFJ n=4 %=5	ENTJ* n=0 %=0

Note: Percentages rounded to nearest whole number.
*** = most frequent type
** = second most frequent type
* = least frequent type

FIGURE 1

Graph of Personality Types



B. Analysis of the Relationship between Personality Type and Reconciliation with Death

The second hypothesis posited for investigation in this study sought to describe the way in which individuals within each personality type confront and integrate thoughts and feelings about death and dying, thereby developing a personal reconciliation with death. The hypothesis, stated in the null form, was as follows:

Ho: For individuals described by each type, there will be no relationship between personality type and reconciliation with death with respect to (a) death confrontation and (b) death integration.

This hypothesis was tested in two stages, with an initial analysis of personality type and death confrontation scores, and a second analysis examining personality type and death integration scores. The means and standard deviations on the CIDS by typology are presented on Table II.

Pearson product moment correlations were conducted to assess the relationship between each personality type identified within the sample, and death confrontation and between each personality type and death integration. The correlations are displayed on Table III. An asterisk (*) denotes correlations significant at the .05 level.

TABLE II

Means and Standard Deviations
for the CIDS by Personality Type

Type	n	Confrontation		Integration	
		X	S	X	S
ISTJ	7	23.86	3.93	29.57	3.95
ISFJ	21	23.86	3.85	28.19	3.04
ISTP	2	21.50	4.95	20.50	4.95
ISFP	9	26.22	3.27	26.11	4.68
INTJ	1	25.00	0.00	37.00	0.00
INFJ	4	25.00	4.36	27.75	2.63
INTP	1	25.00	0.00	33.00	0.00
INFP	4	23.75	3.68	28.25	0.96
ESTJ	2	25.50	3.50	30.50	7.78
ESFJ	15	24.53	3.20	27.67	3.96
ESTP	3	22.00	1.41	26.50	3.54
ESFP	5	25.80	1.30	31.80	3.03
ENTJ	0	0.00	0.0	0.00	0.00
ENFJ	4	25.00	4.83	30.25	3.33
ENTP	1	32.00	0.00	24.00	0.00
ENFP	8	24.62	4.10	30.62	4.27
		X = 23.86	S = 3.93	X = 29.57	S = 3.95

TABLE III

Correlation Between Type and
(a) Death Confrontation and
(b) Death Integration

Personality Type	Confrontation Scores r	Integration Scores r	Number of S's n
ISTJ	-.06	+.08	7
ISFJ	-.11	-.03	21
ISTP	-.13	-.30*	2
ISFP	+.16	-.19	9
ESTP	-.11	-.07	3
ESFP	+.09	+.21*	5
ESTJ	+.04	+.08	2
ESFJ	-.01	-.08	15
INFJ	+.06	-.03	4
INTJ	+.01	+.23*	1
INFP	-.05	-.01	4
INTP	+.01	+.12	1
ENFP	-.01	+.17	8
ENTP	+.26*	-.12	1
ENFJ	+.03	+.10	4
ENTJ	--	--	0
			N=87

The results of the analysis indicated that four significant correlations exist between personality type and death confrontation and between personality type and death integration. There was a low positive correlation (r=+.23) between the ENTP type and death confrontation (p=.05). However, it should be noted that there was only one subject in that particular cell on the type table. Significant positive correlations were identified between the ESFP and INTJ types and death integration (r=+.21; r=+.23 respectively). In contrast, the ISTP type displayed a low negative correlation with death integration (n=-.30).

However, it must be emphasized that beyond these four statistically significant correlations, the remaining correlations indicated that there was little or no relationship as to the way in which each type confronts and integrates thoughts and feelings about death. The correlations, even where significant, account for no more than nine percent of the variance. (see Table IV).

The analysis indicated that for some personality types there was a significant relationship between type and the individuals' ability to confront and integrate thoughts and feelings about death. Consequently, the null hypothesis was rejected. However, the strength of the relationships were so low, rejection of the null hypothesis does not warrant broad generalizations about a relationship between personality type and reconciliation with death.

TABLE IV

Variance Accounted for by
Significant Correlations
Between Personality Type
and Reconciliation With Death

Type	Death Confrontation r	Var. %	Death Integration r	Var. %	n
ISTP			-.30*	9.0	2
ESFP			+.21*	4.4	5
INTJ			+.23*	5.3	1
ENTP	+.26*	6.76			

*Significant at p = .05

C. Part III: Analysis of Differences between Types with Respect to Reconciliation with Death

A review of the literature suggested that significant differences may exist between types with respect to their attitude towards death. This led to the formulation of the third hypothesis which was also stated in the null form.

Ho: Individuals differing in personality type will not differ in reconciliation with death as reflected by the ability to confront and integrate thoughts and feelings about death and dying.

This hypothesis was tested statistically in two steps: (1) an examination of death confrontation scores and (2) an examination of death integration scores. One way analysis of variance was used to test each part of the hypothesis. A decision was made to conduct the analysis of variance using a cell size of five or more subjects in order to eliminate small cell sizes which increase the probability of committing a type II error. A Cochran test homogeneity of variance was performed with each analysis.

1. Death Confrontation

(a) Test for Homogeneity of Variance

A Cochran test for homogeneity of variance (Kirk, 1968, p. 62) was performed on death confrontation scores for the six types. Table V presents the variances asssociated with the death confrontation scores.

Appropriate values were substituted into the following formula in which k = 6, df = (n-1)=20.

$$Q = \frac{\text{largest group variance}}{\text{sum of all variances}}$$

$$Q = \frac{16.81}{15.48 + 14.83 + 10.69 + 1.70 + 10.27 + 16.84}$$

$$Q = .2412,\ p = .08$$

The assumption of homogeneity of variance was accepted since the probability of the obtained score exceeded the critical value at the .05 level.

(b) Test for Significance of Difference Between Means for Death Confrontation

Means, standard deviations and standard error for the six personality types having an n>5, are displayed in Table VI.

A one way analysis of variance for groups of unequal size was performed, and the results are summarized in Table VII. No overall difference between personality type and death confrontation was found to exist at the .05 level of significance. Therefore, no testing of differences between pairs of means was conducted.

TABLE V

Variance of Death Confrontation Scores
for Personality Types
(n>5)

Personality Type	Variance of Death Confrontation Scores	Number of S's
ISTJ	15.48	7
ISFJ	14.83	21
ISFP	10.69	9
ESFP	1.70	5
ESFJ	10.27	15
ENFP	16.84	8

TABLE VI

Death Confrontation Means, Standard Deviations, and Standard Error Scores for Personality Types (n>5)

Personality Type	Confrontation Means	Standard Deviation	Standard Error	n
ISTJ	23.86	3.93	1.49	7
ISFJ	23.86	3.85	0.84	21
ISFP	26.22	3.27	1.09	9
ESFP	25.80	1.30	0.58	5
ESFJ	24.53	3.20	0.83	15
ENFP	24.62	4.10	1.45	8
TOTAL	24.58	3.51	0.45	65

TABLE VII

Summary of Analysis of Variance for Death Confrontation Scores

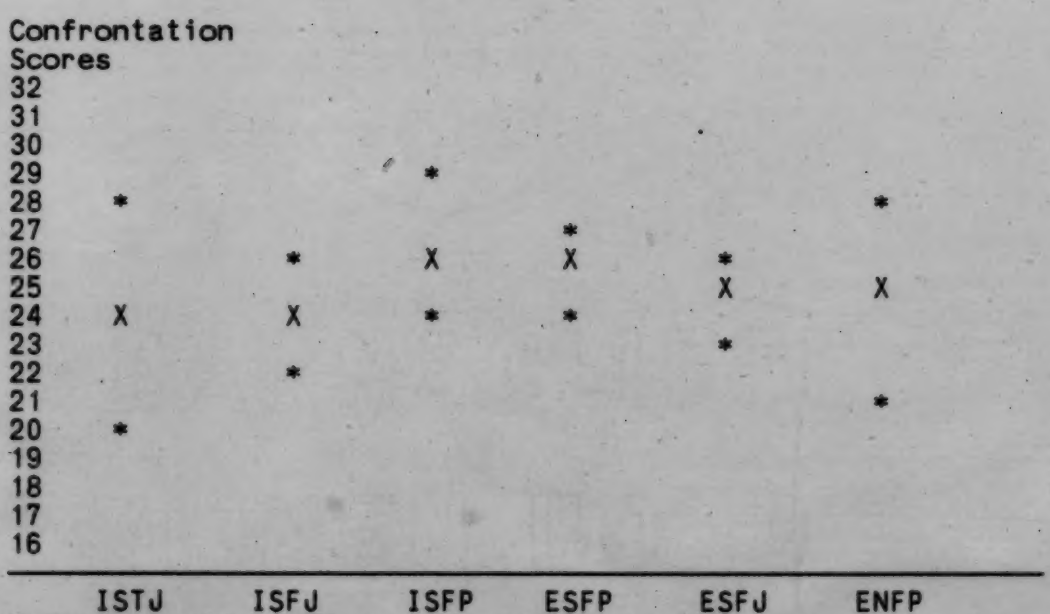
Source	S.S.	df	MS	F	Prob.
Between Groups	46.39	5	9.28	0.736	.5992
Within Groups	743.39	59	12.00		
TOTAL	789.78	64			

In order to provide a visual representation of the differences between types with respect to death confrontation, the confidence intervals and means for each type were graphed. The .95 confidence interval is calculated by the formula: X + 1.96(standard error) and X - 1.96(standard error).

The results presented in Figure 2 indicate that there is very little difference between means with respect to death confrontation. The means vary only two points (from 24 - 26) out of a possible 32 points. It is the confidence intervals which vary, ranging from three to eight points.

—FIGURE 2

Confidence Intervals and Means
for Death Confrontation by Typology
(n>5)



Note: Confidence intervals and means rounded to the nearest whole numbers since subjects could not score less than one point.

2. Death Integration

(a) Test for Homogeneity of Variance

A Cochran test for homogeneity of variance (Kirk, 1968, p. 62) was performed on the variances obtained on the difference scores for death integration, for each personality type represented by four or more subjects. The variances of the nine personality types are presented on Table VIII.

Appropriate values were substituted in the following formula, in which k = 6, and df = (n - 1) = 20.

$$Q = \frac{\text{largest group variance}}{\text{sum of all group variances}}$$

$$Q = \frac{21.90}{15.60 + 9.24 + 21.90 + 9.18 + 15.68 + 18.23}$$

$$Q = 0.2432, \quad p = 0.7908$$

The actual Q value, with a probability of .7908, exceeded the critical level of probability set at .05, thereby confirming the homogeneity of variance among death integration scores for the six personality types being tested (where $n > 5$).

TABLE VIII

Variances of Death Integration Scores for Personality Types

(n>4)

ISTJ	15.60
ISFJ	9.24
ISFP	21.90
ESFP	9.18
ESFJ	15.68
ENFP	18.23

(b) Test for Significant Difference of Means for Death Integration Scores

Means, standard deviations and standard error for death integration scores obtained by each of the six personality types are presented in Table IX.

The analysis of variance for death integration scores (Table X) indicated that a significant overall F was found between groups at a .05 level of significance. Subsequently, a post hoc analysis was performed using the Newman Keuls test to identify differences between pairs of means (Table XI). Significant differences with respect to death integration were found between the following three groups:

(1) ESFP>ESFJ

(2) ESFP>ISFP

(3) ENFP>ISFP

TABLE IX

Means and Standard Deviations on Death Integration Scores for Personality Types (n>5)

Personality Type	Integration Means	Standard Deviations	Standard Error	n
ISTJ	29.57	3.95	1.50	7
ISFJ	28.19	3.04	0.67	21
ISFP	26.11	4.68	1.56	9
ESFP	31.80	3.03	1.36	5
ESFJ	26.67	3.96	1.02	15
ENFP	30.62	4.27	1.51	8
TOTAL	28.51	3.95	0.49	65

Table X

Summary of Analysis of Variance for Death Integration Scores

Source	SS	df	MS	F	Prob
Between Groups	162.39	5	32.48	2.28*	.05
Within Groups	837.85	59	14.20		
TOTAL	1000.24	64			

*Denotes F significant at a critical level of p=.05.

TABLE XI

Neuman Keuls Test of Significance of Difference Between Pairs of Means on Death Integration (n>5)

Mean	Type:	ISFP	ESFJ	ISFJ	ISTJ	ENFP	ESFP
26.11	ISFP					*	*
27.67	ESFJ						*
28.19	ISFJ						
29.57	ISTJ						
30.62	ENFP						
31.80	ESFP						

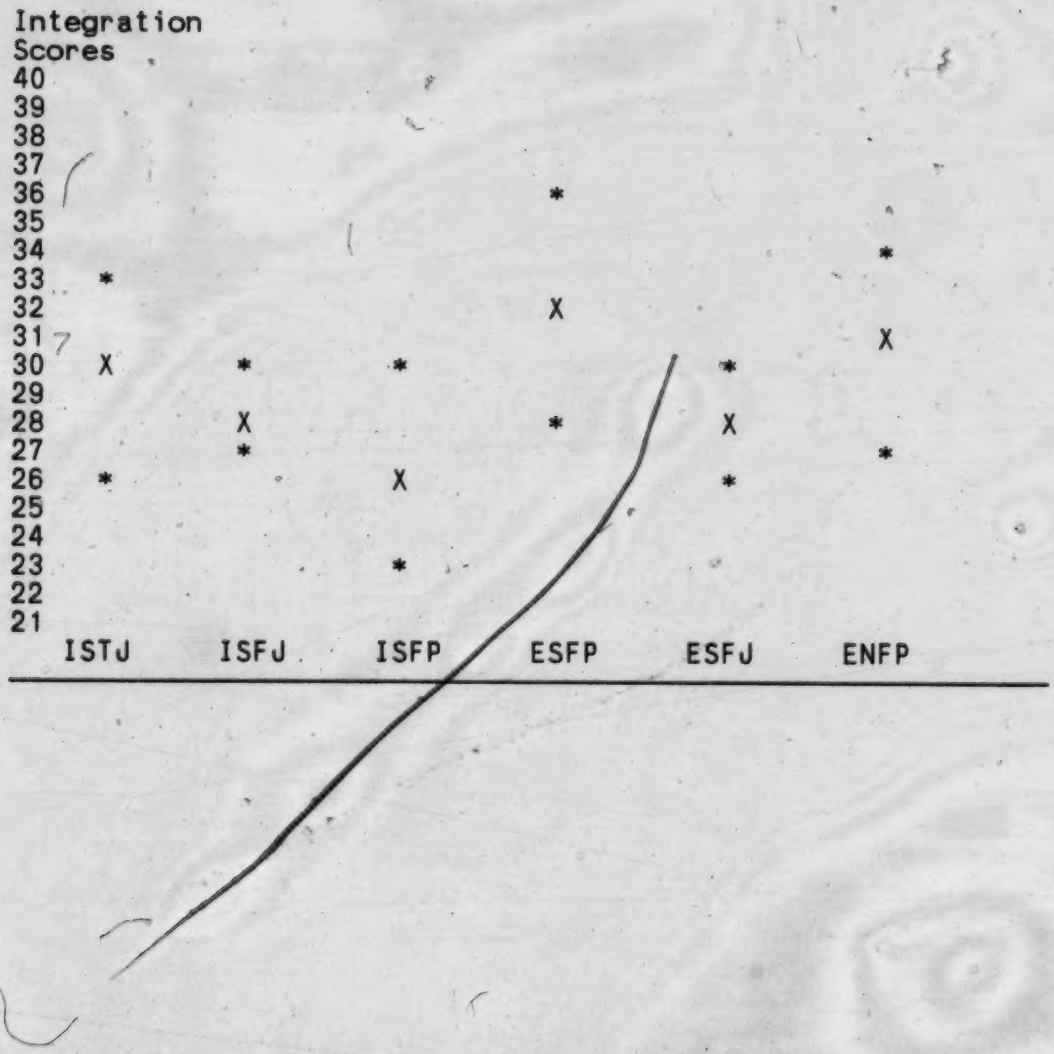
*Denotes significant differences between pairs of means at the .05 level of significance.

As a result of the preceeding analysis, the second part of the null hypothesis was rejected.

In order to provide a visual representation of the differences between types with respect to death integration, the confidence intervals and means for each type were graphed. The .95 confidence interval is calculated by the formula X + 1.96(standard error) and X - 1.96(standard error). The results presented in Figure 4 indicated means varied by only six points (26 - 32) on a scale in which the maximum score for death integration is forty. The confidence interval vary from as little as three points for the ISFJ types, and four points for the ESFJ type, to as much as eight points for the ESFP type.

FIGURE 3

Death Integration Means
and Confidence Intervals



In summary, no significant differences were found between personality type and the ability to confront thoughts and feelings about death and dying. However significant differences were identified with respect to death integration, the dimension Klug (1976) considered as the more salient indicator of reconciliation with death. As a result of these findings a closer examination of death confrontation and death integration scores was undertaken to identify personality types displaying varying degrees of reconciliation with death. Confrontation and integration scores were considered simultaneously. (A summary of means and standard deviations for the two components was presented in Table II).

Personality types displaying a high reconciliation with death obtained scores on the CIDS which were at least one standard deviation above the sample mean for both death confrontation and death integration (C>28 and I>34). Types displaying a moderately high reconciliation with death obtained confrontation and integration scores within one standard deviation above the mean on both death confrontation and death integration (C = 25-27; I = 31-33). A low degree of reconciliation with death was depicted by confrontation and integration scores which fell at least one standard deviation below the mean (C <20 and I<26), while moderately low reconciliation

with death was described by confrontation and integration scores less than one standard deviation below the mean (C = 21-23; I = 27-29) (See Table II). An examination of mean scores indicated that there were no personality types displaying either high or low reconciliation with death. However, the ESTJ, ESFP, INTJ, INTP, and ENFP types were found to have moderately high reconciliation with death. The ISFJ, ISTP, and ESTP types exhibited a moderately low reconciliation with death.

Since the cell number of individuals representing certain personality types was relatively small, a closer examination of individual scores was undertaken for subjects who obtained the following results on the CIDS:

1. High confrontation and high integration scores (C>28 and I>34).
2. Low confrontation and low integration scores (C<20 and I<26).
3. Moderately high confrontation and integration scores (C = 25-27; I = 31-33)
4. Moderately low confrontation and integration scores (C = 21-23; I = 27-29).

The results presented on Table XII indicated that there were five subjects within the sample displaying a high reconciliation with death (high confrontation and high integration). These subjects were identified

as ENFJ, ESTJ, ESFJ, ENFP, and ISFJ types. Twenty two subjects representing eleven different personality types displayed a moderately high reconciliation with death (Table XIII). The ISFP, ESFJ, and ENFP types were represented most frequently. Although there were no individuals displaying a low reconciliation with death twenty four subjects representing ten personality types were identified as displaying a moderately low reconciliation with death (Table XIV). The ESFJ and ENFP types were identified most frequently as describing individuals displaying moderately low reconciliation with death.

TABLE XII

Personality Type of Individuals
Displaying High Reconciliation With Death
(C>28 and I>34)

Type	Number of Subjects
ESTJ	1
ENFJ	1
ISFJ	1
ESFJ	1
ENFP	1
n = 5	n = 5

TABLE XIII

Personality Type of Individuals
Displaying a Moderately High
Reconciliation With Death
(C = 25-27; I = 31-33)

Type	Number of Subjects
ISFJ	7
ESFJ	4
ENFP	3
ESTJ	1
ENFJ	1
ISFP	1
ISTJ	1
INFJ	1
ESFP	1
ESTJ	1
INFP	1
n = 11	n = 22

TABLE XIV

Personality Type of Individuals
Displaying a Moderately Low
Reconciliation With Death
(C = 21-23; I = 27-29)

Type	Number of Subjects
ESFJ	8
ENFP	3
ISFJ	2
INFJ	2
ISFP	2
ESTP	2
ISTJ	1
ESFP	1
ESTJ	1
ISTP	1
n = 10	n = 24

Conclusion

Analysis of the data indicated that there was a predominance of individuals represented by the ESFJ and ISFJ personality types in a selected sample of first year nursing students. Low significant correlations were found between four personality types and reconciliation with death as represented by scores on either death confrontation or death integration. In addition, significant differences were found to exist between types. Although there were no differences between personality types in the degree to which they confront thoughts about death and dying, significant differences were found to exist in terms of their ability to integrate thoughts and feelings about death and dying. This lends further support to the contention that death integration may be the more salient measure of reconciliation with death, since personality types differ in their ability to positively assimilate feelings about death, after confronting the idea of dying at a personal level.

A closer examination of death confrontation and death integration scores was undertaken to identify personality types displaying varying degrees of reconciliation with death. When confrontation and integration scores were considered simultaneously, there were no personality types displaying either high or low reconciliation with death. However, five

personality types displayed a moderately high reconciliation with death and four personality types were identified which exhibited a moderately low reconciliation with death. Since cell sizes tended to be small, an examination of individual subject scores was undertaken to identify trends between personality type and scores on the CIDS. At an individual level, there were subjects displaying high, moderately high, and moderately low reconciliation with death. When comments made by the subjects in response to the open ended questions were reviewed (Appendix C) subjects tending to display above average degrees of death confrontation and death integration indicated an awareness that they were accepting of death. Subjects who tended to have lower than average scores on death confrontation and integration frequently expressed an awareness that they avoided thoughts of death and did not handle the resulting feelings well. Within this group, however, a few subjects expressed an attitude of tacit acceptance. A more complete discussion of these findings and their implications for further research will be found in Chapter V.

V. DISCUSSION OF FINDINGS

This study investigated death attitudes of first year nursing students at a time in their training when neither coursework nor on the ward experience had opportunity to modify existing attitudes. Research indicated that personality characteristics of health care professionals play an important role in determining the manner in which they perceive and interact with people, events, and situations in the environment. In addition, personality characteristics appeared to play an important role in determining the manner in which individuals function as health care professionals who may be faced with the challenge of dealing with death and dying at an immediate, personal level. Functioning within a society which tends to value life at almost any cost and on almost any terms, health care profesionals must rely heavily upon attitudes and personality characteristics which leave them in the paradoxical situation of being excellent helping professionals for patients who are not facing loss of life. These attitudes and personality characteristics appear to create a profile of highly competent health care professionals who are frequently unsuited to providing palliative care for terminally ill patients which is possible only through a combination of excellent medical and emotional support services.

Jungian personality type was selected as a means of exploring a construct which emphasized positive acceptance

of death despite taxing feelings of anxiety or fear which may at times accompany the process. The reconciliation with death construct and the identification of Jungian personality typology was identified as a promising area of further research, in order to provide insight into the relationship between personality characteristics and death attitudes of health care professionals.

This study was designed to examine the relationship between personality type and reconciliation with death. Two questions were posed for investigation: (1) What is the distribution of personality types within a sample of first year nursing students and, (2) What is the relationship between personality type and reconciliation with death?.

Discussion of Hypothesis I

A review of the literature indicated that personality types tend to differ between various health care professions (doctors, nurses, aides, physician extenders). In addition, it appeared that a high attrition rate during training resulted in a changing pattern of personality types between student nurses, degree nurses, and nurses in post graduate school (O'Hara-Devereaux, 1978). Although the distribution of personality types varies with educational level and experience within the health care profession, research by Reekie (1970) and Nightingale (1972) suggested that there would be a predominance of ESFJ and ISFJ types among nursing students. As a result of the above findings, the first hypothesis in this study was designed to assess the

distribution of personality types identified within the sample. Rejection of the hypothesis, which was stated in the null form, and subsequent examination of the predomenant typologies in the sample, indicated that differences did exist with respect to personality type, and resulted in acceptance of the alternate hypothesis which stated that there would be a predominance of ESFJ and ISFJ types. Acceptance of the alternate hypothesis has several implications. First, it lends support to Reekie's efforts to build a profile or model of a "typical" nursing personality. In Reekie's study of nursing students, the ESFJ type was found to be the most frequently identified personality type. The characteristics associated with this type were identified as creating an excellent health care professional who ran the risk of dehumanizing the patient in favor of the routines and rituals associated with medical care. Secondly, acceptance of the alternate hypothesis raises questions about the degree of reconciliation with death displayed by individuals within these two predominant types (ESFJ and ISFJ). Previous research studies (Frederick, 1974; Klug, 1976) indicated that ESFJ and ISFJ types were low self actualizing individuals displaying a low reconciliation with death. The acceptance of the alternate hypothesis indicating a predominance of ESFJ and ISFJ types, and the potential inability of these types to accept death and find ways of dealing supportively with terminally ill patients, resulted in the need for a close examination of the way in which

student nurses having different personality types think about death, and assimilate feelings about dying. The four dimensional Jungian typology offered a potential way to identify individuals displaying characteristics which appear to be highly suitable to working with seriously or terminally ill patients. These individuals are characterized as outgoing, people; individuals who, regardless of the way they prefer to take in information about their world (sensing-feeling) can relate in a warm, empathetic, supportive manner (feeling) and are generally open to assessing various options and possibilities (perceptive) instead of emphasizing routine, ritualistic care. Two personality types displaying these characteristics which might describe individuals capable of functioning in a competent, yet emotionally supportive manner with terminally ill patients are the ESFP and ENFP types. As would be predicted from previous research (Nightingale, 1972; Frederick, 1974; O'Hara-Devereaux, 1978) subjects having these profiles were not highly represented within this study (6% and 9% respectively).

Discussion of Hypothesis II

In order to clarify the relationship between type and reconciliation with death, a hypothesis was developed which focused on how each type confronted and integrated thoughts and feelings about death and dying. A series of Pearson product moment correlations produced results which were so low as to make detailed comment on "the significant

relationships" unfruitful. Significant but very low correlations have been referred to as the "so what" phenomena in experimental research. It must be recalled that correlations only describe strength of relationships, and correlations as low as .30 account for only nine percent of the variance. In this study however, the low correlations do suggest a number of important possibilities which are in themselves significant. The first consideration when viewing these low correlations is to assess the viability of the reconciliation with death construct. A review of the literature indicated that death attitude tends to be viewed as a multidimensional construct. Reconciliation with death as a construct moved beyond simpler formulations of death fear, and death anxiety by emphasizing a two component process involving both cognition and affect. However, the construct has a weakness inherent in previous formulations - it acknowledged the possibility of a continuum in reconciliation with death ranging from some fear and anxiety to a life enhancing acceptance, but proceeded to place a value on positive acceptance which allowed death fear or anxiety to be depicted only as lower degrees of reconciliation with death. Previous research had the same failing but, paradoxically, emphasized the negative affective dimension, describing acceptance only in terms of fear or anxiety. The reconciliation with death construct may not have reflected a sufficient number of dimensions in the process of death acceptance to assess relationships with a

personality typology which describes eight preferred patterns of functioning and sixteen personality types.

The second consideration when viewing the low significant correlations between type and death confrontation, and between type and death integration is the sensitivity of the CIDS as a death attitude instrument

A factor check on the CIDS using subject scores from this study indicated that three items (4,9,12) did not load on the confrontation and integration factors as identified by Klug (1976). That is, they represented three additional factors which did not relate either to confrontation or integration. In addition, the items did not correlate with each other. According to the factor analysis used by Klug in developing the CIDS, items nine and ten were meant to assess death confrontation, while item twelve was to reflect death integration Item nine stated:

> After discussing the subject of death I feel depressed.

and item twelve stated:

> It is morbid to deliberately think about my own death.

During the administration of the CIDS, subjects frequently objected to the wording of these two items because they seemed to infer some type of morbid, unhealthy preoccupation with death. When contrasted with the exceedingly positive statements designed to assess death integration, the statements appeared loaded. They inferred that accepting death is good and healthy, while feeling that death is

depressing or morbid is bad and unhealthy. In addition, a number of subjects objected to item number four on the CIDS which was purported to measure death integration. Subjects objected to the word healthy in the fourth item which stated:

> An occasional visit to the cemetary is a healthy practice.

It would appear that an individual's attitude toward death and dying, and his/her attitude toward visiting cemetaries cannot be assumed to measure the same construct.

In reviewing the development of the CIDS (Klug, 1976) it was discovered that four items in the initial item pool clustered as a third factor at a level of .30 or higher, possibly representing a death fear or death concern dimension. These items were discarded and were not used by Klug in the final reconciliation with death questionnaire. However, the three items which did not load on the confrontation and integration scales within this sample also appear to relate to death fear and death concern (negative emotional assimilation). These findings indicate that the CIDS research instrument requires further testing and validation with diverse subject populations, in order to clarify the relation of the eighteen items to death confrontation and death integration. Although the CIDS was used with student nurses and aides as well as university students in the developmental stages of the research questionnaire, and with church attending Catholics as the sample for the major research study, the results of the

factor check with this particular sample of student nurses did not result in similar factor loadings.

The effect of including items which did represent the components being assessed was to depress subject's scores on both confrontation and integration. The confrontation scale was particularly affected because it only consisted of eight items initially, and it was demonstrated that two of the eight items did not in fact assess an individual's ability to confront death. It becomes very difficult to identify significant correlations between type and confrontation given these constraints. Therefore, it is not surprising that only one low significant correlation was identified, and that correlation occurred with respect to a type that was represented by only one subject having a very high death confrontation score. The confrontation scale did not appear sufficiently sensitive to measuring differences within this sample.

The death integration scale was not as seriously affected because it consisted of eleven items, only one of which did not load on integration when the factors were reanalyzed. Although the scores were depressed by four points (there were only 36 points possible for death integration rather than 40) significant correlations were identified between type and integration for three groups. The ESFP and INTJ types exhibited a significant positive relationship with death integration ($r=+.21$; $r=+.23$ respectively). That is, the ESFP and INTJ types tended to

assimilate positively thoughts and feelings which resulted from confronting death. In contrast, the ISTP type displayed a tendency to not assimilate thoughts and feelings in a positive fashion (r=-.30). It is impossible to infer whether individuals within the ISTP type deny feelings about death, or simply refuse to value the resulting feelings in terms of a positive, life enhancing experience. However, the ISTP individuals are highly oriented towards a cognitive assessment of events which results in an ordering of information This personality type would, in terms of Jungian characteristics, be predicted to display a strong tendency to avoid integrating emotions. Research would indicate that ISTP people tend to be very low self actualizing individuals who avoid dealing with unpleasant, ambiguous, emotionally stressful situations.

Discussion of Hypothesis III

The third hypothesis examined in this study stated:

> Individuals differing in personality type will not differ in reconciliation with death as reflected by the ability to confront and integrate thoughts and feelings about death and dying.

No significant differences were found between types with respect to death confrontation. It has been indicated that the confrontation component of the CIDS, did not appear sufficiently sensitive to identifying differences in the way health care professionals confront death. However, the integration component of the CIDS indicated that individuals having different personality types differ significantly in terms of their ability to assimilate positively feelings

about death. The integration dimension was proposed by Klug (1976) as the more salient indicator of reconciliation with death, since death acceptance requires more than merely thinking about thoughts and feelings. Significant differences between mean scores on death integration were identified betweeen three pairs of types: ESFP>ESFJ; ESFP>ISFP; and ENFP>ISFP. It will be recalled that in a review of type characteristics, the ESFJ type was identified as a profile frequently associated with health care professionals who were competent and efficient but appeared to have difficulty interacting in an emotionally supportive manner with terminally ill patients, while ESFP and ENFP types appeared to have characteristics more suited to functioning as health care professionals in a death related profession. The significant differences in death integration scores between ESFP and ISFP types highlights the importance of differences in people's orientation to the world (extroversion - introversion). The extroversion dimension depicts an individual's orientation to people, things or events in the outer world (E). The introversion dimension (I) characterized an orientation in which thoughts and feelings are focused inward on the self. An individual's orientation to the world (E-I) may be a very significant dimension of typology since the mean scores of the ESFP and ISFP types differed by more than one full standard deviation (4 points) in this study.

A closer examination of personality type was undertaken

to identify types displaying varying degrees of reconciliation with death. Confrontation and integration scores were considered simultaneously in identifying personality types displaying high, moderately high, moderately low and low reconciliation with death. Although no types displayed means which would distinguish them as having high or low reconciliation with death, several types fell in the moderately high and moderately low categories. Within this sample, the ESFJ and ISFJ types displayed reconciliation with death scores which are within one point of the group mean. These results were not consistent with previous research in which ESFJ and ISFJ types were identified as exhibiting a low degree of self actualization (Frederick, 1974) and a low degree of reconciliation with death (Klug, 1976). The INTJ and ESTJ types displayed the highest degree of reconciliation with death while the ISTP type displayed the lowest reconciliation with death within the sample. Since there were fewer than two subjects in each cell, individual scores were examined to assess degree of reconciliation with death.

In view of these contradictory findings, subjects' responses to questions pertaining to death attitude, death experience and religion were reviewed in an effort to assess the importance of each of these variables. Subjects identified as displaying high reconciliation with death tended to indicate an awareness that they had confronted thoughts of death, and had managed to integrate the

resulting feelings. These subjects referred to "accepting death" or "having come to terms with it". The following statement illustrates a typical response from a subject identified as displaying a high reconciliation with death:

> I can't say I dwell on the subject or that it takes up a terrific part of my brain time but I have accepted it and I believe I have come to terms with it.

All of these subjects had significant personal experiences with death which involved either the death of a relative, death of a friend, or both. Neither length of time since the person's death nor religious beliefs appeared to be perceived by individuals displaying high reconciliation with death as significant factors in their attitude towards death.

Individuals exhibiting a moderately high reconciliation with death also depicted an awareness of themselves as being fairly accepting of death, although they distinguished between "appropriate death" of an elderly person and the "inappropriate death" of young friends and relatives. In addition, they distinguished between type of death experience (friend, relative, stranger in their comments). However, death of a relative was the only variable which demonstrated a significant correlation with reconciliation with death. The death of a relative correlated negatively with death confrontation ($r=-.23$, $p=.05$). Subjects' comments indicated that the death of a relative was a significant, high impact personal experience which they preferred not to dwell on. In addition to death experience these subjects

tended to mention some degree of religious belief influencing their reconciliation with death, regardless of their personality type. A typical comment made by a subject displaying moderately high reconciliation with death was:

> This past summer I worked at a nursing home with geriatric patients. I knew that as I held her hand and cared for her that I helped someone with death. This experience that happens but once in our lives and we really don't know much about it.

In contrast to the above, twenty four subjects displaying a moderately low reconciliation with death made statements which indicated a tendency to avoid thinking about death or dwelling on feelings about death. A subject identified as an ESTJ personality type with a low reconciliation with death made the following statement:

> I don't think of my own life in terms of death. I enjoy life whether I think I am going to die sometimes or whether I ignore the subject.

In investigating the relationship between personality type and reconciliation with death the degree of reconciliation with death expressed by individuals appeared to be influenced by significant personal death experience and religious beliefs. However, the exact relationship between these variables remained unclear, and appeared to vary between individuals as well as between personality types. The ability to consciously contemplate thoughts about death and integrate feelings which result from such contemplation was found to be a complex process. Further research is required in order to obtain a better understanding of variables influencing the individual as he

engages in this process.

Conclusions and Recommendations for Further Study

The results of this research study indicated that the investigation of the relationship between personality type and reconciliation with death provides a viable alternate approach for examining death attitudes. A profile of the personality types of student nurses was identified which was consistent with previous research findings, and provided support for the use of Jungian personality typology in personality research relating to health care professionals. Although significant differences were identified between personality types in terms of their ability to confront and integrate thoughts and feelings about death and dying, the Confrontation-Integration of Death Scale (CIDS) was too insensitive a research instrument to measure many of the differences which appeared to exist when the degree of reconciliation with death and subjects comments were examined.

Recommendations for further research:

1. A new formulation of reconciliation with death should be developed which allows for a process of death acceptance involving confrontation, positive emotional assimilation, negative emotional assimilation, and denial.
2. Revision of the CIDS research instrument is required in order to identify more items which represent death confrontation and death integration, and include a new

series of items reflecting death fear and death concern. Items need to be revised in order to avoid value statements which lead subjects to feel that certain attitudes are good or bad, desirable or undesirable.

3. Replication of this study is required with a larger sample of student nurses in order to increase the number of individuals represented by each personality type.

4. A practical, on the ward assessment of nurses' behavior when caring for terminally ill patients is desirable in order to determine whether the personality type and reconciliation with death scores are useful predictors of actual behavior.

REFERENCES

Adams, J. and Klein, L. Students in nursing school: considerations in assessing personality characteristics. Nursing Research, 1970, 19, 362 - 366.

Ajemian, Ina. Seminar:Terminal patient care. University of Alberta Hospital. Edmonton,Alberta.March 14-15,1979.

Beck,Jacqueline. Relationships between personality type and managerial style of leadership personnel in nursing. (Doctoral Dissertation, University of Florida,1974). Dissertation Abstracts International,1977,(University Microfilms No. 77-8142).

Brantner, John. Positive approaches to dying . Death Education,1977, 1,293-304.

Bruhn, J., Bruce, H., & Greaser,R.C. Correlations of the Myers-Briggs Type Indicator withother personality and achievement variables. Psychological Reports, 1978, 43, 771 - 776.

Bruhn, J., Chloe, S., & Bruce, H. Training effects on attitudes and personality characteristics of nurse practitioners. Psychological Reports, 1978, 42, 703 - 713.

Buhmeyer K. J., & Johnson, A.H., Personality profiles of physician extenders. Psychological Reports, 1977, 40, 655 - 662.

Campbel, D. and Stanley, J.C. Experimental and Quasi-Experimental Designs for Research. Chicago: Rand

McNally, 1963.

Carlson, R. & Levy, N. Studies of Jungian typology: 1. Memory, social perception and social action. Journal of Personality, 1973, 41, 558 - 576.

Choron, J. Death and Modern Man. New York: MacMillan Company, 1964, pgs. 90 - 152.

Collett, L. & Lester, D. The fear of death and the fear of dying. Journal of Psychology, 1969, 72, 179 - 181

Cook, S. I'll say this for dying. Journal of Social Issues, 1975, 12

Denton, A., Wisenbaker, J., & Vance, B. Death experience and death anxiety among nurses and nursing students. Nursing reseach, 1977, 26 , 61 - 64.

Dictstein, L.S. Death concern: measurement and correlates.

Dumont, R.G. and Foss, The American view of death: Acceptance or denial. Cambridge: 1972, 51 - 55. Psychological Reports, 1972, 30 (2), 563 - 571.

Durlak, J. Measurement of the fear of death: An examination of some existing scales. Journal of Clinical Psychology, 1972 28, 545 - 547.

Durlak, J. Relationship between individual attitudes towards life and death. Journal of Consulting and Clinical Psychology, 1942, 38 (3), 463.

Feifel, H. Death as a relevant variable in psychology. In Rollo May (Ed.), Existential Psychology. New York: Random House, 1969, pgs. 58 - 71.

Feifel, H. The Meaning of Death. New York: McGraw Hill Book

Company, 1959.

Feifel, H. Attitudes towards death: A psychological perspective. Journal of Consulting and Clinical Psychology, 1969, 3, 292 - 295.

Feifel, H. Physicians consider death. Proceedings of the 75th annual convention, American Psychological Association, 1967, 201 - 202.

Feifel, H. and Branscomb, A.B. Who's afraid of death? Journal of Abnormal Personality, 1961, 16, 53 - 57.

Frederick, A.H. Self actualization and personality type+ A comparative study of doctoral majors in educational administration and the helping professions. (Doctoral Dissertation, University of Alabama, 1974. Dissertation Abstracts International, 1974, 35 (A), (University Microfilms No. 75-9896).

Gamble, J. The relationship of self actualization and authenticity to the experience of mortality. (Doctoral Dissertation, Georgia State University - School of Arts and Science, 1974.) (University Microfilms 1973, 35 (7-B), 3578. (University Microfilms No. 74-29536).

Glasser, B.G., & Strauss, A.L. Awareness of dying. Chicago: Aldine Publishing Company, 1965.

Gow, C. Nurses' attitudes toward death and dying: A causal interpretation. Social Science Medecine, 1977, 11, 191 - 198

Heidegger, M. The Question of Being. New York: Wayne Publishers, 1958.v

Hopping, B.L. Nursing students' attitudes toward death. Nursing Research, 1977 26 (6), 443 - 447.

Jung, C.G. Psychological Types. Translated by H.G. Baynes, London 1921. First published in Psychologische Typen (Zurich, 1921).

Jung,C.J. Modern Man in Search of a Soul. New York: Harcourt Brace Jovanovich, 1933.

Jung, C.G. The Basic Writings of C.G. Jung. Ed, V. de Laszlo. New York: Random House, 1959.

Kalish, R.A. An approach to the study of death attitudes. American Behavioral Scientist, 1963, 6, 68 - 70.

Kastenbaum, R. and Costa, P. Psychological Perspectives on Death. Annual Review of Psychology, 1977, 28, 225 - 249.

Kastenbaum, R. & Aisenberg, R. Death as a thought. In E.S. Schneidman (Ed.) Death: Current perspectives, Pao Alto, California: Mayfield, 1976.

Kastenbaum R. We covered death today. Death Education, 1977, 1, 85 - 92.

Kirk, R. Experimental Design: Procedures for the Behavorial Sciences. Belmont, California: Brooks/Cole, 1968.

Klug, L., An empirical investigation of the relationship between self actualization and reconciliation with death. (Doctoral Dissertation, University of Ottawa, 1976).

Klug, L. and Bess, M. Factorial structure of the Death Concern Scale. Psychological Reports, 1976, 38, 107 -

112.

Koehne-Kaplan, N. & Tilden, V. The process of clinical judgement in nursing practice: The component of personality. Nursing Research, 1976, 25 (4), 268 - 272

Kupperman, S. and Golden, C. Personality correlates of attitude towards death. Journal of Clinical Psychology, 1978, 34, 661 - 663.

Kurlychek, R.T. Assessment of death acceptance: A proposed scale. Psychology, 1976, 13 19 - 20.

Kurlychek, R.T. Assessment of Attitudes toward death: A critical review of some available methods. Omega Journal of Death and Dying, 1978, 9 , 37 - 47.

Lester, D. Attitudes of nursing students and nursing faculty toward death. Nursing Research, 1974, 23, 50 - 53.

Lewis, B.A. & Cooper, C.L. Personality measurement among nurses: a review. International Journal of Nursing Studies, 1976, 13, 209 - 229.

Lifton, J. Living and dying. New York: Olson E. Praeger Publishers, 1974.

Lowry, R.J. Male-female differences in attitudes towards death. Disseration Abstracts, 1966, 27, 1607 - 1608.

Maddi, S. Personality theories: A comparative analysis. (3rd edit.) Homewood, Illinois: Dorsey Press, 1976.

Maslow, A.H. Toward a Psychology of Being. New York: Van Nostrand, 1962, p. 136.

McKissack, I.J. On death and dying feallers. Journal of Humanistic Psychology, 1974, 14, 79 - 83.

Myers, I. The Myers - Briggs type indicator. Princeton, New Jersey: Educational Testing Service, 1962.

Nelson, L.D. and Nelson, C.C. A factor analytic inquiry into the multidimensionality of death anxiety. Omega, 1975, 6, 171 - 178.

Nightingale, J. The relationship of Jungian type to death concern and time perspectives (Doctoral Dissertation, University of South Carolina, 1972. Dissertation Abstracts) Dissertation Abstracts International, 1973, 33 (B), 3230. (University Microfilms No. 73-3609).

O'Hara-Devereaux, M., Brown, T., Mentink, J. & Morgan, W. Biographical data, personality, and vocational interests of family nurse practitioners. Psychological Reports, 1978, 43, 1259 - 1268.

Paskow, A. The meaning of my own death. International Philosophical Quaterly, 1974, 14, 51 - 69.

Paskow, A. What do I fear facing my death. Man and the World, 1975, 8, 145 - 156.

Pearlman, J., Stotsky, A., & Dominick, J. R. Attitudes toward death among nursing home personnel. Journal of General Psychology, 1969, 63, 114.

Progoff, I. Jung's psychology and its social meaning. New York: Anchor Books, 1973.

Ray, J.J. & Najam, J. Death anxiety and death acceptance: A preliminary approach. Omega, 1974, 5, 311 - 315.

Reck, A.J. A pragmatic approach to death and dying. Death

Education, 1977, 1, 315 - 320.

Reekie, E. Personality factors and biographical characteristics associated with criterion behaviors of success in professional nursing. (Doctoral Dissertation, University of Washington, 1970. Dissertation Abstracts International, 1971, 31 (A), 5212. (University Microfilms No. 71-08534).

Rezler, A. and Buckley, J. A comparison of personality types among female student health professionals. Journal of Medical Education, 1977, 52, 475 - 477.

Ritchie, H. Learning styles relevant to identified personality types of selected nursing students and selected nurses. (Doctoral Dissertation, Nova University, 1975. (ERIC #ED139485).

Sarnoff, I. and Corwin, S.M. Castration anxiety and fear of death. Journal of Personality, 1959, 27, 374 - 385.

Schultz, R. The psychology of death, dying and bereavement. Phillipines: Addison - Wesley, 1978.

Siegel, S. Nonparametric statistics for the Behavioral Sciences. New York: McGraw-Hill, 1956.

Templer, D. The construction and validation of a death anxiety scale. Journal of General Psychology, 1970, 82, 165 - 177.

Templer, D.I. and Dutson, E. Religious correlates of death anxiety. Psychological Reports, 1970, 26, 895 - 897.

Templer, D.I. and Ruff, C.F. Death anxiety scale means, standard deviations and embedding. Psychological

Reports, 1971, 29, 173 - 174.

Templer, D., Ruff, C.F., and Franks, C.N. Death Anxiety: Age, sex, and parental resemblance in diverse populations. Developmental Psychology, 1971, 4, 108.

Tolor, A., & Reznikoff, M. Relationship between insight, repression - sensitization, internal - external control and death anxiety. Journal of Abnormal Psychology, 1976, 72 (5), 426 - 430.

Weisman, A.D. and Kastenbaum, R. The Psychological Autopsy: A Study of the Terminal Phase of Life. New York: New York Behavioral Publishers, 1963.

White, M.S. Psychological characteristics of the nurse practitioner. Nursing Outlook, 1975, 23 160 - 166.

APPENDIX A

DESCRIPTIONS OF THE TYPES

Each of the following descriptions deals with two types which differ only in the choice of the auxiliary process. The two extraverted thinking types, ENTJ and ESTJ, are first discussed together, and then with reference to the SN preference. The next description deals with the two introverted thinking types, INTP and ISTP, in the same fashion, and so on. The descriptions are designed to apply to each type at its best, as exemplified by normal, well-balanced, well-adjusted, effective people. So the basic description assumes good development of two processes, the dominant and auxiliary.

Two examples will be provided of the type descriptions. The reader is referred to the Myers-Briggs manual (1962) for a complete description of the following types.

Extraverted Thinking	ESTJ and ENTJ
Introverted Thinking	ISTP and INTP
Extraverted Feeling	ESFJ and ENFJ
Introverted Feeling	ISFP and INFP
Extraverted Sensing	ESTP and ESFP
Introverted Sensing	ISTJ and ISFJ
Extraverted Intuition	ENTP and ENFP
Introverted Intuition	INTJ and INFJ

EXAMPLE 1: EXTRAVERTED FEELING JUDGING TYPES

(EFJ)

The feeling extravert is concerned chiefly with people. He radiates fellowship, valuing harmonious human contacts above all things. He is friendly, tactful, sympathetic, always able to express the correct feeling. He is particularly warmed by approval and bothered by indifference. He gets much of his security from others' warmth of feeling, and is therefore ready to conform within reasonable limits. He tries to live up to his ideals, is loyal to a respected person, institution or cause, and has a tendency to idealize whatever he admires.

He is at his best in jobs that deal with people: selling, some kinds of direct supervision, teaching, preaching, face-to-face cooperative work, etc. He thinks best when talking with people, and enjoys talk; he may have to make a special effort if he is to be brief and businesslike and not let sociability slow him down on the job.

Being a judging type, he likes to have matters decided or settled; but he does not need or want always to settle them himself. He has many definite "shoulds" and "should nots" and may express them freely. He is perservering, conscientious, orderly even in small matters, and inclined to insist that others be the same.

If his perception is underdeveloped or not allowed to influence his judgment, he will jump to conclusions; for lack of first-hand knowledge of a person or situation, he will act on assumptions, and while he means well, his actions may go wide of the mark. As a trainee, he is apt to find out how the organization works or what is wanted. Again, he may be unable to admit the truth of a disagreeable fact or criticism that hurts, and may seek somehow to escape the issue.

<u>With sensing:</u>	<u>With intuition:</u>
(ESFJ)	(ENFJ)
* Takes in the realities.	* Takes in the possibilities.
* Practical, realistic, matter-of fact, concerned with here and now. Interested in material possesions and details of direct experience. Likes to base plans, decisions, etc. upon known facts.	* Has more curiosity for new ideas as such, more insight, vision and concern for long range possibilities. More interested in books and more tolerant of theory. Rather likely to have a gift of expression, but may well prefer speaking to writing.
* Usually adapts excellently to routine.	

EXAMPLE 2: INTROVERTED SENSING JUDGING TYPES

(ISJ)

This combination makes the person super-dependable. He has a complete, realistic, practical respect for the facts. He absorbs, remembers, and uses an immense number of them. He likes everything put on a factual basis, clearly stated, and not too unfamiliar or complex. Only when you know him very well do you discover that behind his outer calm he is looking at the facts from an intensely individual angle, often from a very droll one. His private reaction, the way a thing will strike him, is quite unpredictable, but what he actually does about it will be sound and sensible.

His outer personality is judging, being mainly derived from his auxiliary process (either T or F). Therefore, in addition to his basic realism he has the stability of a judging type. He is the most thorough of all the types, - painstaking, systematic, hard-working, and patient with detail and routine. His extreme perserverence tends to stabilize everything with which he is connected.

As an administrator, his practical judgment and memory for detail make him conservative, consistent, able to cite cases to support his evaluations of men, methods, etc. He is an obvious choice for the responsibilities of maintenance; if necessary, he will do jobs himself rather than leave them undone. He will go to any amount of trouble if he "can see the need of it," but does hate to be saddled with a policy that "doesn't make sense."

It is hard for him to see any sense in needs that differ widely from his own. He is likely to dismiss them as offhand as nonessentials. But in a specific case, where he sees something mattering a lot to somebody right before his eyes, he may come to sympathize pretty generously with the desire while still holding it unaccountable.

If his judgment is not developed, he may stop with his inward reaction to facts and not get around to dealing with them at all, which will make him silent, ineffective and next to impossible to understand.

<u>With thinking:</u>
(ISTJ)

* Mildly resembles an extraverted thinker.
* Emphasizes analysis, logic, and decisiveness. As an executive he may have some difficulties with people unless he makes a special try at understanding and appreciation.

<u>With feeling:</u>
(ISFJ)

* Mildly resembles an extraverted feeling type.
* Emphasizes loyalty and consideration and the common welfare. He has more tact and sympathy, more interest in people and concern for their feelings. Likely to have artistic taste and judgment.

APPENDIX B

CONFRONTATION-INTEGRATION OF DEATH SCALE

(CIDS)

Instructions to Subjects

This is a death attitude questionnaire. It will take about twenty minutes to complete. It consists of a variety of statements concerning attitudes toward death, and some general background information which is standard on a research questionnaire.

All but two of these questions can be answered by simply making a checkmark with a pen or pencil. If you are not sure of an answer please give your honest opinion or make an estimate. We are not interested in right or wrong answers. We want to know what you think and how you feel. Please give your own personal reactions, not the reactions you think are expected. First impressions are usually best in such matters. Please work as rapidly as you can.

Thank you again for your co-operation.

1. I avoid discussing death when the occasion presents itself.

Strongly Disagree	Disagree	Agree	Strongly Agree

2. I enjoy life more as a result of facing the fact of life.

Strongly Disagree	Disagree	Agree	Strongly Agree

3. Remembering the dead makes me thankful for life.

Strongly Disagree	Disagree	Agree	Strongly Agree

4. An occasional visit to the cemetary is a healthy practice.

Strongly Disagree	Disagree	Agree	Strongly Agree

5. Recognizing the fact of my inevitable death helps me grow as a person.

Strongly Disagree	Disagree	Agree	Strongly Agree

6. I make a conscious effort to avoid dwelling on thoughts of death.

Strongly Disagree	Disagree	Agree	Strongly Agree

7. Accepting death helps me be more responsible for my life.

Strongly Disagree	Disagree	Agree	Strongly Agree

8. If possible, I avoid friends who are grieving over the loss of someone.

Strongly Disagree	Disagree	Agree	Strongly Agree

9. After discussing the subject of death I feel depressed.

Strongly Disagree	Disagree	Agree	Strongly Agree

10. My life has more meaning because I accept the fact of my own death.

Strongly Disagree	Disagree	Agree	Strongly Agree

11. I am willing to discuss death with a dying friend.

Strongly Disagree	Disagree	Agree	Strongly Agree

12. It is morbid to deliberately think about my inevitable death.

Strongly Disagree	Disagree	Agree	Strongly Agree

13. I feel more free when I accept the fact of my death.

Strongly Disagree	Disagree	Agree	Strongly Agree

14. I tend to deny the fact of my inevitable death.

Strongly Disagree	Disagree	Agree	Strongly Agree

15. The sooner I accept the reality of my death the sooner I can start living.

Strongly Disagree	Disagree	Agree	Strongly Agree

16. The more I find meaning in death the more I find meaning in life.

Strongly Disagree	Disagree	Agree	Strongly Agree

17. I really prefer not to think about death.

Strongly Disagree	Disagree	Agree	Strongly Agree

18. The more fully I accept death the more fully I respond to life.

Strongly Disagree	Disagree	Agree	Strongly Agree

YOU HAVE NOW COMPLETED THE DEATH ATTITUDE QUESTIONNAIRE. IT WOULD BE HELPFUL IF YOU PROVIDED THE FOLLOWING BASIC INFORMATION.

19. Age:

20. Sex: (1) Female (2) Male

21. Marital Status:

(1) Married (2) Single (3)Divorced/Separated (4) Widowed

22. Level of Education completed to date:

(1) High school graduate (2) Some university (please specify) (3) Other training

PLEASE USE THE ATTACHED SHEET OF PAPER TO ADD ANY COMMENTS YOU MAY HAVE WITH RESPECT TO QUESTION #23 AND QUESTION #24.

23. Would you please describe any personal experience you have had with death, be it with a relative, friend, stranger, or perhaps a personal brush with death.

24. If you have any additional comments you wish to make about your attitude towards death (thoughts or feelings), please feel free to add them at this time.

PART II: RELIGIOUS SELF REPORT

25. Do you consider yourself to be a religious person?

26. To what degree would you say religion now has an influence on your life?

_____	_____	_____	_____
Very Strong	Somewhat Strong	Slight	None

27. Are you a member of a particular religious group? Yes No
If so, please specify:

28. How often do you attend Church (Check the answer which comes closest to describing what you do).

Every week	Nearly every week	once a month	once every 3 months
once every 6 months	once a year		

29. Do your religious beliefs affect how you think or feel about death? Yes No

If so, How? Please explain:

THANK YOU FOR YOUR COOPERATION IN FILLING OUT THIS QUESTIONNAIRE

SCORING OF CIDS

Two factors exist within the Confrontation - Integration of Death Scale (CIDS - Klug, 1976).

Factor #1: Death Confrontation (DC) The Cognitive (thinking)dimension consists of eight items: 1, 6, 8, 9, 11, 12, 14, and 17.

Factor #2: Death Integration (DI) The affective (feeling) dimension consists of ten items: 2, 3, 4, 5, 7, 10, 13, 15, 16, 17.

These two factors and the corresponding eighteem items form the CIDS which was administered for the purpose of assessing Reconciliation with Death (death acceptance) in this study.

Scoring:

The eighteen items of the CIDS were assessed via a four category response option:

Strongly Disagree	Disagree	Agree	Strongly Agree

The 10 integration items (2, 3, 4, 5, 7, 10, 13, 1 5, 16, 18) were scored in the direction of 1 to 4. The 8 confrontation items (1, 6, 8, 9, 11, 12, 14, 17) were scored in the direction of 4 to 1. The Confrontation and integration of Death Scale (CIDS) comprised of eight items

assessing death confrontation and ten items assessing death integration. A four category response option was available for each item, creating a maximum score of thirty two for death confrontation and forty for death integration.

APPENDIX C

DEATH ATTITUDE, DEATH EXPERIENCES AND RELIGIOUS COMMENTS

PART I: HIGH RECONCILIATION WITH DEATH

. Case #1
Type: ESTJ

(a)Death Experience: Two significant encounters
"My great grandmother died a year ago. She had a good and full life and had been a very vigorous person, but had been sick about two years before her death. I believe her death was a blessing."
"My friend was killed two years ago in the prime of his life (what he got to taste of it) owing to a careless mistake on behalf of an acquaintance (car accident). I have trouble seeing the justification of that."

(b) Death Attitude Comment: "I can't say I dwell on the subject or that it takes up a terrific part of my brain time but I have accepted it and I believe I have come to terms with it."

(d)Religious Belief: "I believe that God decides our time's up and I also believe in life after death (I don't know exactly where it is I just believe its there."

High Reconciliation with Death
Case #2
Type: ESFJ

(a)Death experience: "One of my best friends in our final year of high school committed suicide."

(b)Death Attitude Comment: "When it first happened I couldn't understand what was going on but when I sat and thought about it a person should be allowed to die if a person wishes. But everybody should have some desire to live."

(c)Religious Belief: "Religion - no - very little influence on my life, no influence on how I think or feel about death."

High Reconciliation with Death
Case #3
Type: ENFJ

(a) Death Experience: More than two experiences
"All of my relatives including my immediate family died when I was young. I also had several dear friends of the family die when I was older."

(b)Death Attitude Comments: "My attitude towards death when I was young was one of fear. I just recently attended a funeral of a dear friend who had cancer for years, and it was almost a happy experience."
"I think most North Americans have an unhealthy attitude towards death. They are not able to face it and I feel if one spends ones life worrying about dying, you're really not living."

(c)Religion: "No", but "...death isn't the end."

High Reconciliation with Death
Case #4
Type ENFP

(a) Death Experience: More than three personally significant experience "I have had several deaths in my family, in friends as well as people I have worked with who are dying."

(b)Death Attitude comments: "I have always been told that it is what you do between birth and death that counts."
(c)Religion: "No - none."

PART II: MODERATELY HIGH RECONCILIATION WITH DEATH
Case #5
Type: ENFP

(a)Death Experience: more than two personally significant death experiences (close friends and relative)

(b) Death Attitude comments: "I always wonder why people have to die when they are young, especially since a good friend died recently at age 18. It really upset me because he was alone when he died and he was such a good person. When it happened, I thought of my own death, and it scares me sometimes because I enjoy life so much. I don't like it when relatives die as I miss them so much, but I have learned not to dwell on it as it hurts so much more."

(c)Religious Beliefs: "Not as religious as before" but "I feel that to believe there is a possible God affects my beliefs about death...Sometimes I wonder what happens to you when you die, do you just rot away till you're forgotten or is there a 'lesson' to go to?"

Moderately High Reconciliation with Death
Case #6
Type: ISFJ

(a)Death Experience: Two personally significant death experience.

(b)Death Attitude comments: "I am not afraid to die. When a person dies his soul rises and his/her body stays behind on earth. Dying is sad for those left behind but not future Christian person. After death there is LIFE. One must be ready to die and then there won't be any need to be scared of death and its elements. When the time comes, when I die, I will personally be ready because I am a Christian!"

Moderately High Reconciliation with Death
Case #7
Type: INFP

(a)Death Experience: One personally significant death experience - grandmother.

(b)Death Attitude Comments: "My father is a minister and I think that through his influence I have a positive attitude to life and death."

(c)Religious Beliefs: "I believe in a very special life after death and that in itself makes death not all that scary."

Moderately High Reconciliation with Death
Case #8
Type: INFJ

(a)Death Experience: Three personally significant experiences, death of a friend, relative and stranger.

(1)Death of relative: "My grandpa was dying and I knew that his time in this world was up but I I still didn't want him to go. I knew he was in pain because he was dying of cancer. I still miss him a lot and still think about him occasionally. I try to remember all the good times we shared."

(2)Loss of a friend: "Two years ago my best friend's dad committed suicide. I was really knocked out because we got along well. I had to put my grief aside in order to help my friend explore and accept her feelings about this happening and to take a look at the future."

(c)Death of a stranger: "This past summer I worked at a nursing home with geriatric patients. I knew that as I held her hand and cared for her that I helped someone deal with this experiences that happens but once in our lives, and that we really don't know much about."

Moderately High Reconciliation with Death
Case #9
Type: ISTJ

(a)Death Experience: three personally significant experiences. "My best friend was in a car accident in which her sister was killedand she was in the hospital for two months. My grandfather died in a truck accident...my baby sister died two weeks after birth."

(b)Death Attitude Comments: "A person should be taught to grow up facing death and accepting only a certain amount of death - not like war, etc."

(c)Religious Beliefs:"Somewhat religious - I believe there is life after death and a place for me in heaven along with Jesus Christ."

Moderately High Reconciliation with Death
Case #10
Type: ISFJ

(a)Death Experience: strangers-hospital
"I have worked in a hospital where there where a number of old people and dying people. I did not really enjoy this type of work as I found it depressing."

(b)Death Attitude and Religion: "Religious? No. When death occurs I believe that the person should be laid to rest without being shown to everyone and taking days before they are buried."

PART III: MODERATELY LOW RECONCILIATION WITH DEATH
Case #11
Type: ESTP

(a)Death Experience: Two personally significant death experiences: friend and relative.
"A boyfriend of mine died last Easter. This upset me for weeks and still does. All it seemed was unfair. I didn't understand it and I don't know if my attitude has changed at all!"

(b)Religious Beliefs: "I believe in going to heaven."

Low Reconciliation with Death
Case#12
Type: ISFJ

(a)Death Experience: One personally significant experience - death of grandfather when subject was nine years old.
"My grandfather was slowly dying. I cried and cried over the fact that I will someday die."

(b)Death Attitude Comments: "I have come to accept death

without fear."

(c)Religious Beliefs: No

Note: Subject's comments over her feelings about death when her grandfather was dying seem much more congruent with the death confrontation and integration scores than the comments indicating acceptance of death.

Moderately low Reconciliation with Death
Case #13
Type: ISTP

(a)Death Experience: Death of grandmother
"Talking to my grandmother before she died, I learned that just before a human dies there is a period when things seem very clear. I hope that when I die I get a period where my mind gets that last surge of energy and I can tie up the strands of my life before I die."

(b) Death Attitude Comments: "Death is a natural course for animals and humans. It should not be dwelt on psychologically. Humans can become very morose and extremely apathetic when they spend a lot of time thinking about death. Death itself is no means to an end, it is merely an end."

(c)Religous Beliefs:"I do not believe in a hereafter. When we die, we are dead. Time for us on earth should be spent well, and we should live our lives to the fullest."

Note: Subject expresses existential view emphasizing importance of the individual and of consciousness, but sees no sense of relatedness or continuity with life or mankind.

Moderately Low Reconciliation with Death
Case #14
Type: ESFP

(a) Death Experience: One personally significant experience - death of grandmother when subject was six.
"I was puzzled by it and had a hard time comprehending it."

(b)Death Attitude Comment: "I have never gone to a funeral and I don't think I really want to."

(c)Religious Beliefs: "I believe in God but I don't go to extremes."

Moderately Low Reconciliation with Death
Case #15
Type: ISTJ

(a)Death Experience: Relatives
"My mother, brother and father were involved in a car accident in '78. My mother was hurt badly. My father had internal injuries and died two days later. My brother had a broken ankle."

(b)Death Attitude Comments: "I have experienced what it is like to lose a loved one and I don't wish it on anybody. I was really close to my father, as with the rest of my family and it really was hard to get used to the death of such a big part of our family. It is very painful to watch someone die."

(c)Religious Beliefs: "Yes, I believe in my religion and I like going to church...when I die there may or may not be a better place beyond. When a person dies God is taking him away for a purpose."

Note: ISTJ type individual has dealt with this high impact personal death experience in a highly cognitive fashion via what appears to be a combination of cognitive and emotional denial which combine to facilitate a certain process of rationalization (i.e., ..."there must be a purpose.").

Moderately Low Reconciliation with Death
Case #16
Type: ISFJ

(a)Death Experience: Two personally significant death experiences, death of a grandfather and a car accident.

(b)Death Attitude: "I feel it is good to talk about death in order to have a healthy attitude towards death and life. It is not good to keep your feelings locked up inside of you. The reason I feel this way is because of how the brother of my friend took his death. He seemed to take very well at the time, he never talked much about it and now he seems to be mad at the world!! I think mostly my experiences with death have the greatest effect on my attitude towards death."

(c)Religious Beliefs: "Yes, I believe when its time its time. You have fulfilled your purpose here and no one can change that."

Moderately Low Reconciliation with Death
Case #17
Type: ESTJ

(a) Death Experience: No experience.

(b)Death Attitude Comments: "The only thing I would say is that although I do not really look forward to death I am not afraid of it and do not dread it."

(c)Religious Beliefs: "I am not afraid of death because I look forward to a better life with God in heaven when I die. Also, although I grieve when others who believe did, I am happy that they are with the heavenly Father."

Moderately Low Reconciliation with Death
Case #18
Type: ISFP

(a)Death Experience: relative and several friends
"My uncle passed away and a number of young friends have died in car accidents and it really hurt me because it seemed so unnecessary and was such a waste. I nearly drowned last summer. I really panicked."

(b)Death Attitude Comments: "I don't think of my own life in terms of death. I enjoy my life whether I think I am going to die sometime or whether I ignore the subject."

(c)Religious Beliefs: "Religious? Half and half."

Moderately Low Reconciliation with Death
Case #19
Type: ESFJ

(a)Death Experience: Relative, close friends
"I have had close relatives and fiends die and it relates a feeling of loss and depression."

(b)Death Attitude Comments: "The fact that you won't see the person again is hard to face. I myself as a person feel like part of me has died. You lose part of yourself with the one that has died if you were close."

(c)Religious Beliefs: "Not really."

Moderately Low Reconciliation with Death
Case #20
Type: INFJ

(a)Death Experience: Friends and boyfriend. "A person I was dating seriously was killed a year ago. It makes me think of memories I didn't think of before."

(b)Death Attitude Comments: "I almost makes you believe that life is a futile struggle and that everything you are or wanted to be is gone in a split second."

(c)Religious Beliefs: "Not really religious, but it does help develop many of my moral attitudes and values."

PART IV: SUBJECTS DISPLAYING BELOW AVERAGE CONFRONTATION SCORES AND ABOVE AVERAGE INTEGRATION SCORES (C<24; I>30)

Case #21
Type: ESFP

(a) Death Experience: None

(b)Death Attitude and Religious Beliefs: "Listening to the others around me, I find satisfaction in knowing that I have no fear of death. I don't believe it's the end and that decay is all we can look forward to. I believe that death is only the beginning of a life much better than our present one...It gives me a foundation on which to place my attitudes regarding death."

Case #22
Type: ISFJ

(a)Death Experiences: Death of mother, friend.
"I did not witness her death. She was cremated. It happened 3 and a half years ago, and I still don't think I have accepted it."

(b)Death Attitude Comments: "Now that I have had these personal experiences with death, if I even hear of a strangers death, my eyes fill with tears."

Case #23
Type: ISFP

(a) Death Experience: friend's suicide.
"I had a very dear sweet friend. He was 24 and very good looking and the craziest and the most exhilerating guy you could know. He had been going with a girl seven years, got married and got divorced....He was a super guy who never complained or quit laughing, working or smiling. The only problem is that he committed suicide....I can't understand it and neither can anyone else. I find this type of death very confusing."

APPENDIX D

DEATH EXPERIENCE AND RECONCILIATION WITH DEATH

First year nursing students within the sample displayed the following profile with respect to death experience:

			Correlation	
Personal Death Experience	n	%	C	I
Death of relative	36	41	-.23*	-.10
Death of friend	8	9	+.12	+.14
Death of stranger	1	1	+.13	+.10
More than one of above	28	32	+.18	-.01
No experience	14	6	-.01	+.01

*Denotes significance at the .05 level of probability

Within this sample, individuals who have experienced the death of a relative tended to avoid thoughts of death, and contemplation of their own personal mortality. Other forms of death experience did not relate significantly to reconciliation with death in terms of either death confrontation or integration. Correlations tended to be so low, and probabilities so high, that no trends could be identified.

APPENDIX E

RELIGION AND RECONCILIATION WITH DEATH

First year nursing students within the sample displayed the following profile with respect to religion:

(a) Strength of Religious Belief (question #26)

Strength	n	%
not at all	7	8
slight	33	38
somewhat strong	25	29
very strong	22	25
n =	87	100%

There was a low significant correlation between religious strength and the ability to integrate thoughts and feelings about death and dying ($r=.21$, $p=.05$).

(b) Although eleven subjects (13% of the sample) expressed comments that religious beliefs influenced their thoughts and feelings about death during a discussion of death attitudes there was no correlations between religious self report and reconciliation with death ($r=.1$; $r=.01$, $p>.10$).

(c) View of life after death: Fifty four subjects (62%) expressed a belief in life after death. This belief was positively correlated with death integration ($r=.20$, $p>.05$).

Although there was no overall correlation between religiosity (Question #26) and death confrontation and death

integration, there was a significant tendency for strength of religious belief and belief in life after death to be associated with an increased ability to positively assimilate feelings about death and dying.